

THOMPSON COBURN

Thompson Coburn LLP
Attorneys at Law

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St. Louis, Missouri 63101-1693
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January 14, 2002

Peter S. Strassner
314-552-6109
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VIA FACSIMILE & FEDERAL EXPRESS

Mr. Mike Gieryic
Office of Regional Counsel
U.S. Environmental Protection Agency
901 N. 5th Street
Kansas City, KS 66101

JAN 15 2002

Re: Request for Information Pursuant to Section 104 of CERCLA, Regarding Oak Grove Village Well Site in Oak Grove Village, Missouri

Dear Mr. Gieryic:

This transmittal letter and attached document entitled "Aerofil Technology, Inc.'s Response to Request for Information: Oak Grove Village Well Superfund Site" constitutes the response (the "Response") of Aerofil Technology, Inc. ("Aerofil") to the U.S. Environmental Protection Agency's ("EPA") Request for Information concerning the Oak Grove Village Well Site located in Oak Grove Village, Missouri, dated October 17, 2001 (the "Request"). The Request was received by Aerofil's registered agent on October 22, 2001. According to the instructions, this Response is due 30 days from receipt. However, pursuant to an agreement between counsel for Aerofil and yourself, Aerofil was granted a 60 day extension. The agreed upon submittal for the response is January 14, 2002.

Aerofil objects to the Request on the grounds and to the extent that it is vague, ambiguous, overbroad, unduly burdensome, seeks irrelevant information and/or exceeds the scope of the authority conferred on EPA pursuant to the Comprehensive Environmental Response, Compensation & Liability Act, 42 U.S.C. § 9601, *et seq.*, and other laws. By way of example and not by way of limitation, Aerofil objects to the scope of the instructions, definitions and questions included within EPA's information request as being overly broad and exceeding EPA's authority under CERCLA. Aerofil also objects to the Request to the extent it seeks information which is subject to or covered by work product immunity and/or the attorney-client (or other) privilege.


However, Aerofil wishes to cooperate with EPA. Accordingly, subject to the foregoing objections, Aerofil hereby submits its Response. If you have any questions regarding the

Mr. Mike Gieryic
January 14, 2002
Page 2

Response, or believe it to be deficient in any respect, you may contact the undersigned so that we may address EPA's questions/concerns (if any).

Very truly yours,

Thompson Coburn LLP

By 
Peter S. Strassner

PSS/lat

Enclosures

cc: Mr. Greg Krueger
Aerofil Technology, Inc.
Ryan Manger, Thompson Coburn

AEROFIL TECHNOLOGY, INC.'S
RESPONSE TO REQUEST FOR INFORMATION:
OAK GROVE VILLAGE WELL SUPERFUND SITE

January 14, 2002

OBJECTIONS

This Response is subject to the objections contained in the letter of Peter S. Strassner of Thompson Coburn LLP, dated of even date and submitted herewith, which objections are incorporated herein by this reference.

RESPONSES TO QUESTIONS

Question 1 States As Follows:

1. *Identify the person(s) answering these questions on your behalf.*

RESPONSE: The following persons is responding to these questions on behalf of Aerofil.

Wade Grice
Environmental & Regulatory Engineer
Aerofil Technology, Inc.

Greg Krueger
Regulatory Manager
Aerofil Technology, Inc.

Question 2 States As Follows:

2. *Identify the person to whom you would like EPA to address any future correspondence to you regarding this matter.*

RESPONSE:

Peter S. Strassner
Thompson Coburn LLP
One Firststar Plaza
St. Louis, Missouri 63101

All future correspondence regarding this site should be directed to this person.

Question 3 States As Follows:

3. *For your company:*
- a. *Identify the State of incorporation, or if not a corporation, its other form (e.g. partnership, sole proprietorship, etc.); and*
 - b. *Identify the directors, officers, managers, and majority shareholders.*

RESPONSE:

- a) Missouri.
- b) In addition to the general objections made in this Response, Aerofil objects to the request for all directors, officers, managers, and majority shareholders as irrelevant and overly burdensome. Aerofil is a substantial corporation, not a "shell." Moreover, at this time, we do not believe there is any basis for or need to involve any individuals in this matter. If EPA believes such information is important to its investigation now or in the future, you may contact our counsel.

Question 4 States As Follows:

4. *Has your company ever, in the past or present, used or handled solvents as part of its business operations in the Sullivan/Oak Grove Village Area?*

RESPONSE: Yes, see response to Question 5.

Question 5 States As Follows:

5. *Has your company ever used or handled the following specific solvents in its business operations in the Sullivan/Oak Grove Village area?*

- a) *Trichloroethene (also known as TCE, trichloroethylene);*
- b) *Tetrachloroethene (also known as PCE, tetrachloroethylene, Perk, perchloroethylene);*
- c) *Dichloroethene (also known as DCE, dichloroethylene);*
- d) *Dichlorodifluoromethane (a component of freon);*
- e) *Trichlorodifluoromethane (a component of freon).*

RESPONSE:

- a) No.

- b) Yes.
- c) No.
- d) No.
- e) No.

Question 6 States As Follows:

6. *For each solvent listed in question 5 above that you have used or handled:*
- a) *Identify the name of the solvent above, along with any trade or common names the solvent is also known as;*
 - b) *Identify the years during which your company used or handled such solvent;*
 - c) *Identify the approximate amount of the solvent your company used or handled on a monthly basis;*
 - d) *Describe the nature of the business operations in which the solvent was used or handled (e.g. parts cleaning, degreasing, etc.);*
 - e) *Describe what happened to the solvent after it was spent; and*
 - f) *Describe how and where the spent solvents were disposed of and/or treated.*

RESPONSE:

- a) Tetrachloroethene (perchloroethylene, PCE, Perk, tetrachloroethylene).
- b) 1988 – 2001.
- c) See the attached spreadsheet for information responsive to this request. Please note the information for the years 1988 – 1991 are estimates derived from our Form R submissions. Monthly amounts for these years are not available.
- d) This solvent is used in the formulation, filling, and packaging of consumer products.
- e) All of this solvent is used in the formulation process. This solvent is not used as a flushing or cleaning agent.

- f) Any potential remaining residue of this solvent on formulating or filling equipment would be flushed (with either acetone or hexane) during a changeover. Changeover flushout material would then be captured in 55 gallon drums and shipped to a disposal facility.

Question 7 States As Follows:

7. *For each outside waste disposal company, both past and present, that has disposed of spent solvent wastes for your company:*

- a) *Identify the waste disposal company;*
- b) *List the years during which the waste disposal company picked up wastes from your company;*
- c) *Identify the location where such wastes were taken by the waste disposal company; and*
- d) *Indicate the approximate monthly amounts of spent solvent that were picked up by the waste disposal company.*

RESPONSE:

- a) Von Roll America, Inc. and Perma-Fix of Memphis.
- b) From February 1997 to present – Von Roll America.
From 1988 to February 1997 – Perma-Fix of Memphis.
- c) Von Roll – 1250 St. George Street, East Liverpool, Ohio 43920.
Perma-Fix – 901 East Bodley Ave., Memphis, TN 38106.
- d) We have records of all hazardous waste shipments shipped from ATI since the plant opened in 1988. However, our waste streams are categorized as either a halogenated solvent waste stream or a non-halogenated solvent waste stream. We can provide estimates or actual amounts of these waste streams, but to estimate any single chemical, particularly tetrachloroethene would be impossible.

Question 8 States As Follows:

8. *Identify all accidental spills/releases of solvents into the environment (e.g. soil, water) that have ever occurred as a result of your operations in the Sullivan/Oak Grove Village area. For each such spill/release, describe: where and when it occurred; how much and what*

type of solvents were spilled/released; any clean up actions that took place as a result; and whether you notified any governmental authorities at the time.

RESPONSE: To our knowledge, there have not been any spills of tetrachloroethene at ATI into the environment. There have been minor spills of acetone, hexane, LPA (liquefied petroleum asphalt), and toluene into a concrete containment area in which the tanks are located, but the solvents were, for the most part, recovered without entering the environment. On specified dates, the following solvent spills occurred:

August 14, 1996 – 139 pounds of hexane spilled in a concrete containment area. All of this solvent was recovered and reused, except for 28 pounds which evaporated. The Missouri Department of Natural Resources was notified of this spill.

October 4, 1996 – 471 pounds of LPA solvent spilled in a gravel and soil area. The EPA's RCRA hotline was contacted regarding this spill. A soil cleanup of ten cubic yards was conducted.

July 18, 1997 – A 4649 gallon mixture of toluene and acetone spilled in an enclosed concrete containment area. 4560 gallons of the mixture was recovered and reused. However, 454 pounds of toluene and 175 pounds of acetone had evaporated. This was not reported to a governmental authority because it was below the reportable quantity.

November 19, 2000 – 456 gallons of acetone spilled in an enclosed concrete containment area. All of this solvent was recovered and reused, except for 99 pounds which evaporated. This was not reported to a governmental authority because it was below the reportable quantity.

June 16, 2001 – 4716 pounds of acetone got into our retention stormwater pond. All of the spilled acetone was recovered by pumping out the entire pond of 38,000 gallons of water. This material was disposed as hazardous waste in bulk tankers. This was not reported to a governmental authority because it was below the reportable quantity.

Question 9 States As Follows:

9. *Identify all individuals, in addition to those identified by question 3 above, including any of your former and current employees, whom may be knowledgeable of your past or present operations in the Sullivan/ Oak Grove Village area involving the use and/or disposal of solvents. For each such individual, describe how that person's position related to your use and/or disposal of solvents.*

RESPONSE: This request is vague, overbroad, unduly burdensome, and seeks irrelevant information, in that it seeks identification of all former and current employees, many of whom

presumably at least saw solvents being used at the facility, but who would not necessarily have relevant information. David Watson and Dan Mickelson, both of whom are past ATI presidents, are among those former employees that are most likely to have relevant, meaningful information of ATI's past or present operations involving the use and/or disposal of solvents. If additional information is needed, please contact our counsel.

Question 10 States As Follows:

10. Identify any persons whom you believe will be able to provide a more detailed or complete response to any question contained herein or who may be able to provide additional responsive documents, and identify the additional information or documents they may have.

RESPONSE: We do not believe there are any persons, other than those already identified, who could provide a more detailed or complete response to any question of this request or who may be able to provide additional responsive documents.

Aerofil Technology, Inc. Receivings for Perchloroethylene

1988 through 2001

(Tetrachloroethene Handled In Pounds)

1988 Estimate	10,000.00
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1989 Estimate	> 10,000.00
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1990 Estimate	15,000.00
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1991 Estimate	15,000.00
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Perchloroethylene 13.49 #/GL

January	3,500.00
February	-
March	2,100.00
April	-
May	-
June	2,220.00
July	1,400.00
August	-
September	-
October	-
November	-
December	-

1992 Totals	9,220.00
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Perchloroethylene 13.49 #/GL

January	1,405.00
February	-
March	1,412.00
April	-
May	-
June	-
July	700.00
August	-
September	-
October	7,000.00
November	-
December	2,100.00

1993 Totals	12,617.00
-------------	-----------

Perchloroethylene SVG Grade

January	-
February	-
March	-
April	-
May	-
June	-
July	-
August	86,400.00
September	216,990.00
October	385,745.00
November	517,025.00
December	34,750.00

1,240,910.00

1993 Total Perc: 1,253,527.00

Perchloroethylene 13.49 #/GL

January	-
February	-
March	-
April	-
May	-
June	1,400.00
July	-
August	700.00
September	-
October	-
November	708.00
December	2,787.00
1994 Totals	5,595.00

Perchloroethylene 13.49 #/GL

January	1,383.00
February	-
March	2,100.00
April	700.00
May	2,800.00
June	-
July	700.00
August	700.00
September	-
October	700.00
November	700.00
December	1,400.00
1995 Totals	11,183.00

Perchloroethylene 13.49 #/GL

January	-
February	700.00
March	2,800.00
April	3,500.00
May	700.00
June	68.00
July	2,800.00
August	-
September	-
October	2,100.00
November	-
December	2,800.00
1996 Total	15,468.00

	<u>Perchloroethylene 13.49 #/GL</u>	<u>Perchloroethylene SVG Grade</u>	
January	1,454.00	-	
February	-	-	
March	-	-	
April	2,800.00	-	
May	-	-	
June	-	-	
July	2,181.00	700.00	
August	-	-	
September	2,100.00	-	
October	2,181.00	-	
November	-	-	
December	-	-	
1997 Total	10,716.00	700.00	1997 Total Perc: 11,416.00

	<u>Perchloroethylene 13.49 #/GL</u>
January	1,400.00
February	-
March	2,181.00
April	2,908.00
May	
June	-
July	2,181.00
August	2,800.00
September	-
October	700.00
November	2,908.00
December	-
1998 Total	15,078.00

	<u>Perchloroethylene 13.49 #/GL</u>
January	-
February	-
March	2,800.00
April	-
May	-
June	-
July	1,400.00
August	-
September	-
October	4,200.00
November	-
December	-
1999 Total	8,400.00

Perchloroethylene 13.49 #/GL

January	-
February	-
March	-
April	-
May	1,360.00
June	4,080.00
July	4,080.00
August	4,080.00
September	4,080.00
October	4,080.00
November	6,120.00
December	-
2000 Total	27,880.00

Perchloroethylene 13.49 #/GL

January	-
February	-
March	-
April	2,235.00
May	-
June	6,705.00
July	-
August	6,705.00
September	9,685.00
October	-
November	-
December	-
2001 Total	25,330.00



MISSOURI DEPARTMENT OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY
WASTE MANAGEMENT PROGRAM
HAZARDOUS WASTE GENERATOR'S EXCEPTION REPORT

RECEIVED
MAR 2/99
FEB 18 1999

P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102
314-751-3176

NOTE ► See Reverse Side for Instructions to complete this form. HAZARDOUS WASTE PROGRAM

IMPORTANT - IF A COMPLETED HAZARDOUS WASTE MANIFEST IS NOT RETURNED BY THE DESIGNATED WASTE-HANDLING FACILITY WITHIN 35 DAYS OF THE DATE THE FIRST TRANSPORTER TOOK POSSESSION OF THE HAZARDOUS WASTE SHIPMENT, THEN THIS FORM MUST BE COMPLETED AND SENT TO THE DEPARTMENT WITHIN 45 DAYS OF THE ORIGINAL SHIPMENT DATE. FAILURE TO DO SO MAY RESULT IN ENFORCEMENT ACTIONS INITIATED BY THE DEPARTMENT.

ORIGINAL SHIPMENT DATE (MONTH - DAY - YEAR) <u>12-21-98</u>		DATE THIS FORM WAS COMPLETED (MONTH - DAY - YEAR) <u>2-4-99</u>	
1. GENERATOR'S NAME <u>Aerofil Technology, Inc</u>		TELEPHONE NUMBER <u>573-468-5551</u> x163	
ADDRESS <u>225 Industrial Park Drive</u>	CITY <u>Sullivan</u>	STATE <u>MO</u>	ZIP CODE <u>63080</u>
U.S. EPA I.D. NUMBER* <u>MOA 98172R762</u> M.O.D. 9.8.1.7.2.2.7.6.2	MO. GENERATOR I.D. NUMBER <u>0.1.0.7.5.3</u>		
2. FIRST TRANSPORTER'S NAME (LIST ADDITIONAL TRANSPORTERS ON A SEPARATE SHEET) <u>Van Waters & Rogers Inc</u>		TELEPHONE NUMBER <u>314-522-6400</u>	
ADDRESS <u>8925 Seeger Ind. Dr</u>	CITY <u>Berkeley</u>	STATE <u>MO</u>	ZIP CODE <u>63134</u>
U.S. EPA I.D. NUMBER* <u>MOA 0.8.4.3.9.6.9.8.5</u>	MO TRANSPORTER I.D. NO. <u>H.1.5.8.7</u>		
3. DESIGNATED FACILITY NAME <u>Von Roll America, Inc</u>		CITY <u>E. Liverpool</u>	STATE <u>OH</u>
ADDRESS <u>1250 St. George Street</u>		TELEPHONE NUMBER <u>330-385-7337</u>	
U.S. EPA I.D. NUMBER* <u>MOA 0.9.8.0.6.1.3.5.4.1</u>	MO FACILITY I.D. NUMBER* <u>IN 0.4.0.4</u>		
4. MANIFEST DOCUMENT NUMBERS			
A. MISSOURI		<u>0.1.0.7.5.3</u> — <u>0.1.5.5</u>	
B. EPA		<u>MOA 0.9.8.1.7.2.2.7.6.2</u> — <u>0.0.1.5.5</u>	
5. WASTE IDENTIFICATION			
WASTE NAME		EPA WASTE CODE	TOTAL QUANTITY
A. <u>See Attached copy of manifest</u>			
B.			
C.			
D.			
6. EFFORTS MADE TO TRACE THE WHEREABOUTS OF THE MISSING HAZARDOUS WASTE OR MANIFESTS			
<p><u>Contacted disposal facility, they returned to me the Green-Port R, Generator Final copy of the manifest, but not the original top white sheet.</u></p> <p><u>Currently the TSD is researching why I did not receive the original sheet, I have attached a copy of the manifest with their signature.</u></p> <p><u>Second Transporter Information is listed on attached manifest copy.</u></p>			
7. "I have personally examined and am familiar with the information submitted on this form, and I hereby certify that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, which includes fine and imprisonment."			
DATE <u>2-4-99</u>	SIGNATURE <u>Greg Krueger</u>	PRINT NAME <u>Greg Krueger</u>	
*IF APPLICABLE. SEE REVERSE FOR LIST OF ABBREVIATED CODES.			

DE

HAZARDOUS WASTE MANIFEST

Hazardous Waste
P.O. Box 176 Jefferson City, Missouri 65102
573-751-3176

THIS DOCUMENT
INSTRUCTIONS FOR

BE USED FOR ALL MISSOURI-DESTINED SHIPMENTS.
COMPLETION OF THIS FORM ARE ON A SEPARATE SHEET.

EMERGENCY
RESPONSE

U.S. COAST GUARD
1-800-424-6802

CHEM TREC
1-800-424-9300

DEPT. OF NATURAL
RESOURCES
573-634-2436

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No 2050-0039. Expires 9-30-99

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. M O D 9 8 1 7 2 2 7 6 4 0 8 1 5 5		2. Page of 1		Information in the shaded areas is required by State law.	
3. Generator's Name and Mailing Address AEROFIL TECHNOLOGY 225 INDUSTRIAL PARK DRIVE SULLIVAN, MO 63080				A. Missouri Manifest Document Number 0107530155			
4. Generator's Phone (573) 468-5551				B. G.S. (Gen. Site Address) SAME			
5. Transporter 1 Company Name VAN WATERS & ROGERS INC				C. MO Trans. ID H-1587			
6. US EPA ID Number M O D 0 8 4 3 9 6 9 8				D. Transporter's Phone 314 522-6400			
7. Transporter 2 Company Name TRI-STATE MOTOR TRANSIT CO,				E. MO Trans. ID H-1199			
8. US EPA ID Number M O D 0 9 5 0 3 8 9 9 8				F. Transporter's Phone 417 624-3131			
9. Designated Facility Name and Site Address VON ROLL AMERICA, INC. 1250 ST GEORGE STREET E LIVERPOOL, OH 43920				G. State Facility's ID			
10. US EPA ID Number O R D 9 8 0 6 1 3 5 4				H. Facility's Phone 330-385-7337			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, ID Number and Packing Group (if any))						12. Containers	13. Total Quantity
						Number	Type
a. RQ, WASTE FLAMMABLE LIQUIDS, N.O.S. (ACETONE, HEXANE) 3, UN1993, PG II, (RQ=100), (EPA D001 F002 F003), (ERG 128)						001	DM00277P
b. RQ, WASTE FLAMMABLE LIQUIDS, TOXIC, N.O.S. (ACETONE, 1,1,1, TRICHLOROETHANE) 3, UN1992, PG II, (RQ=100), (EPA D001 F002 F003), (ERG 131)						000	DM00000
c. RQ, WASTE FLAMMABLE LIQUIDS, N.O.S. (ACETONE, HEXANE) 3, UN1993, PG II, (RQ=100), (EPA D001 F003), (ERG 128)						029	DM11741
d. RQ, HAZARDOUS WASTE, SOLID, N.O.S. (ACETONE, METHOXYCHLOR) 9, UN1977, PG II, (RQ=1), (EPA F002 F003 D014), (ERG 171)						001	DM00165P
J. Additional Descriptions for Materials Listed Above						K. HANDLING CODE (FACILITY USE ONLY)	
a. 11a. WTI-AESM021 FLAMMABLE LIQ/STILL BOTTOMS						a. INTERIM	
b. 11b. WTI-AESM020 HALOGENATED						b. FINAL	
c. 11c. WTI-AESM001 FLOOR SWEEPINGS/DEBRIS (HAZ)						c. COMMENTS	
d. 11d. WTI-AESM022 HAZARDOUS WATER						d. COMMENTS	
15. Special Handling Instructions and Additional Information EMERGENCY CONTACT: CHEMTREC: 1-800-424-9300. CALLER MUST IDENTIFY VAN WATERS & ROGERS AS SHIPPER. LIC PL # R44-151 STATE MISSOURI T21282							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.							
Printed/Typed Name Greg Krueger				Signature Greg Krueger		Month Day Year 12 12 1998	
17. Transporter 1 Acknowledgement of Receipt of Materials							
Printed/Typed Name Garry Richardson				Signature Garry Richardson		Month Day Year 12 12 1998	
18. Transporter 2 Acknowledgement of Receipt of Materials							
Printed/Typed Name ESTRADA, MARK				Signature Mark Estrada		Month Day Year 10 11 1999	
19. Discrepancy Indication Space							
20. Designated Facility Owner or Operator. Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.							
Printed/Typed Name Steve Olesky For Vonroll WTI				Signature Steve Olesky		Month Day Year 12 11 1999	





MISSOURI DEPARTMENT OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY
HAZARDOUS WASTE MANAGEMENT PROGRAM

HAZARDOUS WASTE PROGRAM
MISSOURI DEPARTMENT OF NATURAL RESOURCES
JEFFERSON CITY, MISSOURI 65102
314-751-3176

HAZARDOUS WASTE GENERATOR'S EXCEPTION REPORT

NOTE ► See Reverse Side for Instructions to complete this form.

IMPORTANT - IF A COMPLETED HAZARDOUS WASTE MANIFEST IS NOT RETURNED BY THE DESIGNATED WASTE-HANDLING FACILITY WITHIN 35 DAYS OF THE DATE THE FIRST TRANSPORTER TOOK POSSESSION OF THE HAZARDOUS WASTE SHIPMENT, THEN THIS FORM MUST BE COMPLETED AND SENT TO THE DEPARTMENT WITHIN 45 DAYS OF THE ORIGINAL SHIPMENT DATE. FAILURE TO DO SO MAY RESULT IN ENFORCEMENT ACTIONS INITIATED BY THE DEPARTMENT.

ORIGINAL SHIPMENT DATE (MONTH - DAY - YEAR) <u>07-22-98</u>		DATE THIS FORM WAS COMPLETED (MONTH - DAY - YEAR) <u>09-01-98</u>	
1. GENERATOR'S NAME <u>Aerofil Technology, Inc</u>		TELEPHONE NUMBER <u>573-468-5551 x163</u>	
ADDRESS <u>225 Industrial Park Dr.</u>	CITY <u>Sullivan</u>	STATE <u>MO</u>	ZIP CODE <u>63080</u>
U.S. EPA I.D. NUMBER* <u>MOD 981722762</u>	MO. GENERATOR I.D. NUMBER <u>010753</u>		
2. FIRST TRANSPORTER'S NAME (LIST ADDITIONAL TRANSPORTERS ON A SEPARATE SHEET) <u>Schiber Truck CO. Inc</u>		TELEPHONE NUMBER <u>618-254-2514</u>	
ADDRESS		STATE	ZIP CODE
U.S. EPA I.D. NUMBER* <u>ILD 006493191</u>	MO TRANSPORTER I.D. NO. <u>11427</u>		
3. DESIGNATED FACILITY NAME <u>Von Roll America, Inc</u>		CITY <u>E. Liverpool</u>	STATE <u>OH</u>
ADDRESS <u>1250 St. George St.</u>		ZIP CODE <u>43920</u>	
U.S. EPA I.D. NUMBER* <u>OH 980613541</u>		MO FACILITY I.D. NUMBER*	
4. MANIFEST DOCUMENT NUMBERS			
A. MISSOURI		<u>010753</u> — <u>0148</u>	
B. EPA		<u>MOD 981722762</u> — <u>00148</u>	
5. WASTE IDENTIFICATION			
WASTE NAME		EPA WASTE CODE	TOTAL QUANTITY
A. <u>See Attached copy of Manifest</u>			
B.			
C.			
D.			
6. EFFORTS MADE TO TRACE THE WHEREABOUTS OF THE MISSING HAZARDOUS WASTE OR MANIFESTS <u>Contacted disposal facility, They said They mailed it to me on 7/27/98</u> <u>I never received it, They provided me with a copy of The original with</u> <u>Their signature. I have attached a copy of The Manifest with Their</u> <u>signature.</u>			
7. "I have personally examined and am familiar with the information submitted on this form, and I hereby certify I am aware that there are significant penalties for submitting false information, which includes fine and imprisonment."			
RCRA RECORDS CENTER			
DATE <u>9/1/98</u>	SIGNATURE <u>Greg Krueger</u>	PRINT NAME <u>GREG KRUEGER</u>	

*IF APPLICABLE.

SEE REVERSE FOR LIST OF ABBREVIATED CODES.

STATEMENT OF NATURAL RESOURCES

DIVISION OF ENVIRONMENTAL QUALITY
Hazardous Waste Program
P.O. Box 176 Jefferson City, Missouri 65102
573-751-3176

HAZARDOUS WASTE MANIFEST

THIS DOCUMENT MUST BE USED FOR ALL MISSOURI-DESTINED SHIPMENTS.
INSTRUCTIONS FOR THE COMPLETION OF THIS FORM ARE ON A SEPARATE SHEET.

EMERGENCY RESPONSE	U.S. COAST GUARD 1-800-424-8802	CHEM TREC 1-800-424-8001	DEPT. OF NATURAL RESOURCES 573-751-3176
--------------------	------------------------------------	-----------------------------	--

Form Approved OMB No 2050-0039, Expires 3-30-99

Please print or type (Form designed for use on 8 1/2" (12-pitch) typewriter).

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's U.S. EPA ID No.

Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is required by State law.

3. Generator's Name and Mailing Address

AEROSIL TECHNOLOGY
225 INDUSTRIAL PARK DRIVE
SULLIVAN, MO 63080

4. Generator's Phone (573) 452-5533

EMERGENCY CONTACT: BOY 15

5. Transporter 1 Company Name

SCHEER TRUCK CO., INC.

6. US EPA ID Number

8. US EPA ID Number

9. Designated Facility Name and Site Address

VON ROLL AMERICA, INC.
1250 ST GEORGE STREET
E LIVERPOOL, OH 43900

10. US EPA ID Number

11. US DOT Description (Including Proper Shipping Name, Hazard Class, ID Number and Packing Group (if any))

20, WASTE FLAMMABLE LIQUIDS, N.O.S.
(ACETONE, HEXANE)
3, UN1993, PG II, (EQ=100), (EPA H001 F003),
(ERG 122)

12. Containers

Number Type

13. Total Quantity

14. Unit Wt/Vol

20.1

0.5

100 G

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PROTECTIVE GEAR WHEN HANDLING.
EMERGENCY CONTACT: CHEMTREC: 1-800-424-9300. CALLER MUST IDENTIFY VAN WATERS &
ROGERS AS SHIPPER.
FILLING T39291 STATE IL P29025 IL

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.

Printed/Typed Name

GREG KUEGER

Signature

[Signature]

Month Day Year

07/22/94

17. Transporter 1 Acknowledgment of Receipt of Materials

Printed/Typed Name

Steve E. Thet

Signature

[Signature]

Month Day Year

07/22/94

18. Transporter 2 Acknowledgment of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 3

Printed/Typed Name

Pat Williams

Signature

[Signature]

Month Day Year

07/22/94

THIS DOCUMENT MUST BE USED FOR ALL MISSOURI-DESTINED SHIPMENTS.
INSTRUCTIONS FOR THE COMPLETION OF THIS FORM ARE ON A SEPARATE SHEET.

EMERGENCY RESPONSE	U.S. COAST GUARD 1-800-424-6802	CHEMTREC 1-800-424-9300	DEPT. OF NATURAL RESOURCES 573-751-2436
-----------------------	------------------------------------	----------------------------	---

Please print or type (Form designed for use on elite (12-pitch) typewriter)

Form Approved OMB No 2050-0039. Expires 9-30-99

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No MO D 9 8 1 1 7 2 2 7 6 20101148		Manifest Document No 20101148		2. Page 1 of 1		Information in the shaded areas is required by State law.							
3. Generator's Name and Mailing Address AEROFIL TECHNOLOGY 225 INDUSTRIAL PARK DRIVE SULLIVAN, MO 63080						A. Missouri Manifest Document Number 0110753									
4. Generator's Phone (573) 468-5551 EMERGENCY CONTACT: BOX 15						B. G.S.I. (Gen. Site Address) 010753									
5. Transporter 1 Company Name SCHIBER TRUCK CO., INC.						C. MO. Trans. ID H-1427									
6. US EPA ID Number TILIC 0106141931191						D. Transporter's Phone 618-254-2514									
7. Transporter 2 Company Name						E. MO. Trans. ID									
8. US EPA ID Number						F. Transporter's Phone									
9. Designated Facility Name and Site Address VON ROLL AMERICA, INC. 1250 ST GEORGE STREET E LIVERPOOL, OH 43920						G. State Facility's ID									
10. US EPA ID Number OH D 9 8 0 6 1 3 5 4 1						H. Facility's Phone 330-385-7337									
11. US DOT Description (Including Proper Shipping Name, Hazard Class, ID Number and Packing Group (if any))						12. Containers Number Type		13. Total Quantity		14. Unit Wt/Vol		1. Waste No.			
a. RO, WASTE FLAMMABLE LIQUIDS, N.O.S. (ACETONE, HEXANE) 3, UN1993, PG II, (RQ=100), (EPA D001 F003), (ERG 128)						001 TIT		05100 G				EPA WASTE CODE: D 0 0 1 STATE N O N R			
b.												EPA WASTE CODE: STATE			
c.												EPA WASTE CODE: STATE			
d.												EPA WASTE CODE: STATE			
J. Additional Descriptions for Materials Listed Above						K. HANDLING CODE (FACILITY USE ONLY) INTERIM FINAL						COMMENTS			
a. 11A. WTI-AESM22 HAZARDOUS WATER SG-1.2						a.									
b.						b.									
c.						c.									
d.						d.									
15. Special Handling Instructions and Additional Information EMERGENCY CONTACT: CHEMTREC: 1-800-424-9300. CALLER MUST IDENTIFY VAN WATERS & ROGERS AS SHIPPER. TILIC# T39291 STATE IL															
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.															
Printed/Typed Name Greg KUEYER						Signature [Signature]		Month 07		Day 12		Year 1998			
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name Steve Etlicton		Signature [Signature]		Month 07		Day 12		Year 1998	
18. Transporter 2 Acknowledgement of Receipt of Materials						Printed/Typed Name		Signature		Month		Day		Year	
19. Discrepancy Indication Space						RECEIVED SEP 08 1998 HAZARDOUS WASTE PROGRAM MISSOURI DEPARTMENT OF NATURAL RESOURCES									
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.						Printed/Typed Name		Signature		Month		Day		Year	

OR ENTER: Aerofil Technology, INC.
SITE NAME: ATTN: Environmental Engineer
225 Industrial Park Dr.
Sullivan, MD. 63080
EPA ID NO: MD D 981722762



1999 Hazardous Waste Report

**FORM
IC**

IDENTIFICATION AND CERTIFICATION

Sec. I	Site name and location address. Check the box <input type="checkbox"/> in items A, B, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instructions page 7.
---------------	--

A. EPA ID No.
Same as label ☒ or →

B. County
Same as label ☐ or → FRANKLIN

C. Site/company name
Same as label ☒ or →

D. Has the site name associated with this EPA ID changed since 1997?
☐ 1 Yes ☒ 2 No

E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label ~~1~~ or →

F. City, town, village
Same as label ~~X~~ or →

G. State
Same as label ☒
or → ☐

H. Zip Code
Same as label ☒ or →

Sec. II	Mailing address of site. Instructions page 7.
---------	---

A. Is the mailing address the same as the location address? ☒ 1 Yes (SKIP TO SEC. III) ☐ 2 No (CONTINUE TO BOX B)

B. Number and street name of mailing address

C. City, town, village

D. State

E. Zip Code

Sec. III	Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instructions page 7.
----------	--

A. Last Name	First name	M.I.
Grice	Wade	D.

B. Title
Environmental/
Regulatory
Engineer

C. Telephone Number 573 468 - 555 1
Extension 129

Sec. IV	"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations." Instructions page 8.
----------------	--

A. Last Name	First name	M.I.
Grice	Wade	D.

B. Title
Environmental/Regulatory Engineer

C. Signature *Wade Grice*

D. Date of signature 02 18 20 **RECEIVED**
Month Day Year

BERTS data entered
 BY SPRITH, TRI-COR
 ON 10/25/00
 QC'd EB 11/03/00

FEB 22 2000

HAZARDOUS WASTE PROGRAM
MISSOURI DEPARTMENT OF NATURAL RESOURCES
Page 1 of 4

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME:

Aerofil Technology, Inc.
225 Industrial Park Dr.
Sullivan, MO. 63080

EPA ID NO:

MD 0981 722 762

U.S. ENVIRONMENTAL
PROTECTION AGENCY

1999 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I

A. Waste description (page 12) *Flammable solvent based waste generated from flushout and cleanup of process equipment, contains acetone, hexane, 1,1,1-trichloroethane*B. EPA hazardous waste code
(page 12)D001 F002
F003 F005 N/A

C. State hazardous waste code (page 13)

N/A N/A

D. SIC code
(page 13)

2899

E. Origin code

System Type

M

F. Source code
(page 14)

A09

G. Point of
measurement
(p. 14)

1

H. Form code
(page 14)

B204

I. RCRA-radioactive mixed
(page 14)

2

Sec. II

A. Quantity generated in 1999
(page 15)

492009.0

B. UOM
(page 15)

L

Density

. . .

☐ 1 lbs/gal ☐ 2 sg

C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)

☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM

On-site process system type
(page 16)

M

Quantity treated, disposed, or
recycled on site in 1999 (page 16)

.

ON-SITE PROCESS SYSTEM 2

On-site process system type
(page 16)

M

Quantity treated, disposed, or
recycled on site in 1999 (page 16)

.

Sec. III

A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17)

☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

Site 1

B. EPA ID No. of facility waste was shipped to
(page 17)

DH0 980 613 541

C. System type
shipped to (p. 17)

M041

D. Off-site availability
code (page 17)

1

E. Total quantity shipped in 1999 (page 17)

243699.0

Site 2

B. EPA ID No. of facility waste was shipped to
(page 17)

K50 980 633 259

C. System type
shipped to (p. 17)

M061

D. Off-site availability
code (page 17)

1

E. Total quantity shipped in 1999 (page 17)

203520.0

Site 3

B. EPA ID No. of facility waste was shipped to
(page 17)

DK0 000 402 396

C. System type
shipped to (p. 17)

M134

D. Off-site availability
code (page 17)

1

E. Total quantity shipped in 1999 (page 17)

44790.0

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME:

Aerofil Technology, Inc.
225 Industrial Park Dr.
Sullivan, Mo. 63080

EPA ID NO:

MO 0981 722 762U.S. ENVIRONMENTAL
PROTECTION AGENCY

1999 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I A. Waste description (page 12) Flammable waste generated from flushout and cleanup of process equipment, contains Acetone, hexane, water.B. EPA hazardous waste code
(page 12)D001 F003
NA NA NA

C. State hazardous waste code (page 13)

NA NAD. SIC code
(page 13)2899E. Origin code
(page 13) System Type1
MF. Source code
(page 14)A09G. Point of
measurement
(p. 14)1H. Form code
(page 14)B204I. RCRA-radioactive mixed
(page 14)2Sec. II A. Quantity generated in 1999
(page 15)6380.0B. UOM
(page 15)5

Density

7.12☒ 1 lbs/gal ☐ 2 sgC. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW?
(page 15)☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM

On-site process system type
(page 16)MQuantity treated, disposed, or
recycled on site in 1999 (page 16)6380.0

ON-SITE PROCESS SYSTEM 2

On-site process system type
(page 16)MQuantity treated, disposed, or
recycled on site in 1999 (page 16)6380.0Sec. III A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17)
☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

Site 1

B. EPA ID No. of facility waste was shipped to
(page 17)010 980 613 541C. System type
shipped to (p. 17)M041D. Off-site availability
code (page 17)1

E. Total quantity shipped in 1999 (page 17)

6380.0

Site 2

B. EPA ID No. of facility waste was shipped to
(page 17)NA NA NA NA NA NA NA NAC. System type
shipped to (p. 17)MD. Off-site availability
code (page 17)1

E. Total quantity shipped in 1999 (page 17)

NA NA NA NA NA NA NA NA

Site 3

B. EPA ID No. of facility waste was shipped to
(page 17)NA NA NA NA NA NA NA NAC. System type
shipped to (p. 17)MD. Off-site availability
code (page 17)1

E. Total quantity shipped in 1999 (page 17)

NA NA NA NA NA NA NA NA

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME:

Aerofil Technology, Inc.
225 Industrial Park Dr.
Sullivan, Mo. 63080

EPA ID NO:

MD10981722762

U.S. ENVIRONMENTAL
PROTECTION AGENCY

1999 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I A. Waste description (page 12) *Solid waste material generated from various areas including Lab, floor sweepings, spent filters, PPE, routine cleanup material, adsorbents.*

B. EPA hazardous waste code (page 12)

D1014 F1012
F1013 N/A N/A

C. State hazardous waste code (page 13)

N/A N/A

D. SIC code (page 13)

2899

E. Origin code (page 13) System Type

M

F. Source code (page 14)

A92

G. Point of measurement (p. 14)

4

H. Form code (page 14)

B319

I. RCRA-radioactive mixed (page 14)

2

Sec. II

A. Quantity generated in 1999 (page 15)

9827.0

B. UOM (page 15)

Density

. . .

☐ 1 lbs/gal ☐ 2 sg

C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)

☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM

On-site process system type (page 16)

M

Quantity treated, disposed, or recycled on site in 1999 (page 16)

. . .

ON-SITE PROCESS SYSTEM 2

On-site process system type (page 16)

M

Quantity treated, disposed, or recycled on site in 1999 (page 16)

. . .

Sec. III

A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17)

☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

Site 1

B. EPA ID No. of facility waste was shipped to (page 17)

DH10980613541

C. System type shipped to (p. 17)

M1041

D. Off-site availability code (page 17)

1

E. Total quantity shipped in 1999 (page 17)

9827.0

Site 2

B. EPA ID No. of facility waste was shipped to (page 17)

. . .

C. System type shipped to (p. 17)

M

D. Off-site availability code (page 17)

. . .

E. Total quantity shipped in 1999 (page 17)

. . .

Site 3

B. EPA ID No. of facility waste was shipped to (page 17)

. . .

C. System type shipped to (p. 17)

M

D. Off-site availability code (page 17)

. . .

E. Total quantity shipped in 1999 (page 17)

. . .

Comments:

Sec. I F - includes A91 and A94.

Sec. I H - includes B310, misc. waste from Lab, PPE, routine cleanup adsorbent material.

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: AEROFIL TECHNOLOGY, INC.
ATTN: ENVIRONMENTAL MANAGER
225 INDUSTRIAL PARK DR.
EPA ID NO: SULLIVAN, MO 63080
EPA ID: MOD981722762 MO ID: 010753



U.S. ENVIRONMENTAL
PROTECTION AGENCY

1997 Hazardous Waste Report

FORM
IC

IDENTIFICATION AND
CERTIFICATION

Instructions: Please see the detailed instructions beginning on page 7 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each section is provided below.

Sec. I Site name and location address. Check the box ☐ in items A, B, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instructions page 7.

A. EPA ID No. Same as label <input checked="" type="checkbox"/> or → <input type="checkbox"/>		B. County Same as label <input type="checkbox"/> or → <u>Franklin</u>	
C. Site/company name Same as label <input checked="" type="checkbox"/> or →		D. Has the site name associated with this EPA ID changed since 1995? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label <input checked="" type="checkbox"/> or →			
F. City, town, village Same as label <input checked="" type="checkbox"/> or →		G. State Same as label <input checked="" type="checkbox"/> or → <input type="checkbox"/>	H. Zip Code Same as label <input checked="" type="checkbox"/> or → <input type="checkbox"/>

Sec. II Mailing address of site. Instructions page 7.

A. Is the mailing address the same as the location address? ☒ 1 Yes (SKIP TO SEC. III) ☐ 2 No (CONTINUE TO BOX B)

B. Number and street name of mailing address

C. City, town, village	D. State <input type="checkbox"/>	E. Zip Code <input type="checkbox"/>
------------------------	--------------------------------------	---

Sec. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instructions page 7.

A. Last Name <u>KRUEGER</u>	First name <u>GREG</u>	M.I. <u>P</u>	B. Title <u>Regulatory MANAGER</u>	C. Telephone Number <u>517</u> <u>318</u> - <u>5551</u> Extension <u>1163</u>
--------------------------------	---------------------------	------------------	---	---

Sec. IV "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations." Instructions page 8.

A. Last Name <u>Krueger</u>	First name <u>Greg</u>	M.I. <u>P</u>	B. Title <u>Regulatory MANAGER</u>
C. Signature <u>[Signature]</u>			D. Date of signature <u>02</u> <u>13</u> <u>98</u> Month Day Year

ges RCRA data entered

BY TRICOR/Cgt
ON DATE JUL 08 1998

RCRA RECORDS CENTER

Over -

BEFORE COPYING FORM, ATTACH IDENTIFICATION LABEL OR ENTER:

SITE NAME:

Aerofil Technology, Inc
Sullivan MO 63080

EPA ID NO:

MI01 9181 1712 7162



U.S. ENVIRONMENTAL
PROTECTION AGENCY

1997 Hazardous Waste Report

FORM
GM

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I A. Waste description (page 12) Solid waste material generated from various areas including Lab,
floor sweepings, spent filters, PPE, Routine clean-up material, adsorbents

B. EPA hazardous waste code
(page 12)

F1003 1 NA
D1014 F1002 1 NA

C. State hazardous waste code (page 13)

1 NA 1 NA

D. SIC code
(page 13)

28199

E. Origin code
(page 13) System Type

1
M

F. Source code
(page 14)

A91

G. Point of
measurement
(p. 14)

4

H. Form code
(page 14)

B319

I. RCRA-radioactive mixed
(page 14)

2

Sec. II A. Quantity generated in 1997
(page 15)

1 1 1 1 1 6 0 2 5 0

B. UOM
(page 15)

Density 1 1 1
☐ 1 lbs/gal ☐ 2 sg

C. Did this site do any of the following to this waste: treat on site,
dispose on site, recycle on site, or discharge to a sewer/POTW?
(page 15)

☒ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type
(page 16)

M

Quantity treated, disposed, or recycled
on site in 1997 (page 16)

1 1 1 1 1 1 1 1 1 1

ON-SITE PROCESS SYSTEM 2

On-site process system type
(page 16)

M

Quantity treated, disposed, or recycled
on site in 1997 (page 16)

1 1 1 1 1 1 1 1 1 1

Sec. III A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)
☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

Site 1

B. EPA ID No. of facility waste was shipped to
(page 17)

01412 91810 6113 151411

C. System type
shipped to (p. 17)

M1011

D. Off-site availability
code (page 17)

1

E. Total quantity shipped in 1997 (page 17)

1 1 1 1 1 3 9 5 9 0

Site 2

B. EPA ID No. of facility waste was shipped to
(page 17)

1 1 1 1 1 1 1 1 1 1

C. System type
shipped to (p. 17)

M

D. Off-site availability
code (page 17)

1

E. Total quantity shipped in 1997 (page 17)

1 1 1 1 1 1 1 1 1 1

Site 3

B. EPA ID No. of facility waste was shipped to
(page 17)

1 1 1 1 1 1 1 1 1 1

C. System type
shipped to (p. 17)

M

D. Off-site availability
code (page 17)

1

E. Total quantity shipped in 1997 (page 17)

1 1 1 1 1 1 1 1 1 1

Comments:

Sec I F. include A 92 and A 94

Sec I H. include B 310, misc. waste from Lab, PPE, Routine clean-up adsorbent material

EPA ID NO: MCD 981 722 762



1997 Hazardous Waste Report

FORM
GM

WASTE GENERATION AND MANAGEMENT

121

1 1 1 1 1 1 1 1 1 1 1

Comments:

BEFORE COPYING FORM, ATTACH IDENTIFICATION LABEL OR ENTER:

SITE NAME:

Aerofil Technology, Inc
Sullivan MO 63080

EPA ID NO:

MICD 9 8 1 7 2 2 7 6 2



U.S. ENVIRONMENTAL
PROTECTION AGENCY

1997 Hazardous Waste Report

FORM
GM

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I

A. Waste description (page 12) Flammable Solvent based waste generated from flushout and
cleanup of process equipment, contains Acetone, Hexane

B. EPA hazardous waste code
(page 12)

D 1 0 1 1 F 0 0 3
1 1 W 4 1 1 W 4 1 1 W 4

C. State hazardous waste code (page 13)

1 1 1 W 4 1 1 1 W 4

D. SIC code
(page 13)

2 8 1 9 9

E. Origin code
(page 13) System Type

1
M 1 1

F. Source code
(page 14)

A 0 9

G. Point of
measurement
(p. 14)

1

H. Form code
(page 14)

B 2 0 3

I. RCRA-radioactive mixed
(page 14)

2

Sec. II

A. Quantity generated in 1997
(page 15)

1 1 1 6 7 2 5 4 0

B. UOM
(page 15)

Density: 1 1 1
☐ 1 lbs/gal ☐ 2 sg

C. Did this site do any of the following to this waste: treat on site,
dispose on site, recycle on site, or discharge to a sewer/POTW?
(page 15)

☒ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☐ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type
(page 16)

M 0 2 1

Quantity treated, disposed, or recycled
on site in 1997 (page 16)

1 1 1 6 7 2 5 4 0

ON-SITE PROCESS SYSTEM 2

On-site process system type
(page 16)

M 1 1

Quantity treated, disposed, or recycled
on site in 1997 (page 16)

1 1 1 6 7 2 5 4 0

Sec. III

A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)
☐ 1 Yes (CONTINUE TO BOX B) ☒ 2 No (FORM IS COMPLETE)

Site 1

B. EPA ID No. of facility waste was shipped to
(page 17)

1 1 1 6 7 2 5 4 0

C. System type
shipped to (p. 17)

M 1 1

D. Off-site availability
code (page 17)

1

E. Total quantity shipped in 1997 (page 17)

1 1 1 6 7 2 5 4 0

Site 2

B. EPA ID No. of facility waste was shipped to
(page 17)

1 1 1 6 7 2 5 4 0

C. System type
shipped to (p. 17)

M 1 1

D. Off-site availability
code (page 17)

1

E. Total quantity shipped in 1997 (page 17)

1 1 1 6 7 2 5 4 0

Site 3

B. EPA ID No. of facility waste was shipped to
(page 17)

1 1 1 6 7 2 5 4 0

C. System type
shipped to (p. 17)

M 1 1

D. Off-site availability
code (page 17)

1

E. Total quantity shipped in 1997 (page 17)

1 1 1 6 7 2 5 4 0

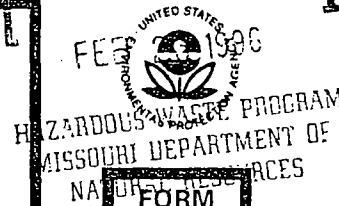
Comments:

RECEIVED

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: AEROFIL TECHNOLOGY, INC.
225 INDUSTRIAL PARK DR.
EPA ID NO: SULLIVAN, MO 63080

MOD981722762

FORM
ICU.S. ENVIRONMENTAL
PROTECTION AGENCY

1995 Hazardous Waste Report

IDENTIFICATION AND
CERTIFICATION

INSTRUCTIONS: Read the detailed instructions beginning on page 9 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I Site name and location address. Complete A through H. Check the box ☐ in items A, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 10.

A. EPA ID No. Same as label <input checked="" type="checkbox"/> or →		B. County FRANKLIN	
C. Site/company name Same as label <input checked="" type="checkbox"/> or →		D. Has the site name associated with this EPA ID changed since 1993? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label <input checked="" type="checkbox"/> or →			
F. City, town, village, etc. Same as label <input checked="" type="checkbox"/> or →		G. State Same as label <input checked="" type="checkbox"/>	H. Zip Code Same as label <input checked="" type="checkbox"/>

Sec. II Mailing address of site. Instruction page 10.

A. Is the mailing address the same as the location address? ☒ Yes (SKIP TO SEC. III)
☐ 2 No (GO TO BOX B)

B. Number and street name of mailing address

C. City, town, village, etc.	D. State	E. Zip Code
------------------------------	----------	-------------

800072348
RCRA Records Center

Sec. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 10.

A. Please print: Last Name First name M.I. KruEger GREG P.	B. Title Regulatory Manager	C. Telephone 573 468-5551 Extension 1163
---	-----------------------------------	--

Sec. IV "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."

A. Please print: Last Name First name M.I. HENRY JOHN D	B. Title TECHNICAL MANAGER
C. Signature J. Drew Henry	D. Date of signature: 02 16 96 MO. DAY YR.

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME:

AEROFIL TECHNOLOGY, INC

EPA ID NO:

M.O.D. 981722762U.S. ENVIRONMENTAL
PROTECTION AGENCY

1995 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.

FLAMMABLEoff spec Methyl Ethyl Ketone from production process

B. EPA hazardous waste code Page 19.

U1159 N/AN/A N/A N/A

C. State hazardous waste code Page 19.

N/A

D. SIC code Page 19.

2899E. Origin code 1 Page 19System
Type LM

F. Source code Page 20.

A57G. Point of measurement
Page 20.1H. Form code
Page 20.3203

I. RCRA - radioactive mixed Page 20.

2

Sec. II

A. Quantity generated in 1994
Instruction Page 21.8760B. Quantity generated in 1995
Page 21.28460C. UOM
Page 21.1 0 0 0☐ 1 lbs/gal ☐ 2 sq

Density

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.

☐ 1 Yes (CONTINUE TO SYSTEM 1)☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type
Page 22.LMQuantity treated, disposed, or recycled on site
in 19950 0 0 0 0 0 0 0 0 0

ON-SITE PROCESS SYSTEM 2

On-site process system type
Page 22.LMQuantity treated, disposed, or recycled on site
in 19950 0 0 0 0 0 0 0 0 0

Sec. III

A. Was any of this waste shipped off-site in 1995

☒ 1 Yes (CONTINUE TO BOX B)

Instruction page 22.

☐ 2 No (SKIP TO SEC IV)

Site 1

B. EPA ID No. of facility waste was shipped to
Page 23.TND 991 279 480C. System type shipped to
Page 23.LM 061D. Off-site
availability code
Page 23.1E. Total quantity shipped in 1995
Page 23.28460

Site 2

B. EPA ID No. of facility waste was shipped to
Page 23.N/AC. System type shipped to
Page 23.LMD. Off-site
availability code
Page 23.1E. Total quantity shipped in 1995
Page 23.0 0 0 0 0 0 0 0 0 0

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? ☐ 1 Yes (CONTINUE TO BOX B)

Instruction page 24.

☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.

LM LMLM LM

C. Other effects Page 25.

☐ 1 Yes☐ 2 NoD. Quantity recycled in 1995 due to new activities
Page 25.0 0 0 0 0 0 0 0 0 0E. Activity/production
index Page 25.0 0 0 0 0 0 0 0 0 0

F. 1995 source reduction quantity Page 26.

0 0 0 0 0 0 0 0 0 0

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME:

AEROFIL TECHNOLOGY, INC

EPA ID NO:

M0D 981 722 762U.S. ENVIRONMENTAL
PROTECTION AGENCY

1995 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18. Flammable Solvent based waste from Flushout/Cleanup Procedures during the production process, contains Acetone & Hexane, 111 Trichloroethane

B. EPA hazardous waste code Page 19.

D001 F002F003 U.A. U.A.

C. State hazardous waste code Page 19.

U.A.

D. SIC code Page 19.

2899E. Origin code L Page 19System
Type LM

F. Source code Page 20.

A04G. Point of measurement
Page 20.LH. Form code
Page 20.B204

I. RCRA - radioactive mixed Page 20.

R

Sec. II

A. Quantity generated in 1994
Instruction Page 21.4581.0B. Quantity generated in 1995
Page 21.15966.0C. UOM
Page 21.L

Density

☐ 1 lbs/gal ☐ 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.

☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type
Page 22.LMQuantity treated, disposed, or recycled on site
in 199515966.0

ON-SITE PROCESS SYSTEM 2

On-site process system type
Page 22.LMQuantity treated, disposed, or recycled on site
in 199515966.0

Sec. III

A. Was any of this waste shipped off-site in 1995 ☒ 1 Yes (CONTINUE TO BOX B)
Instruction page 22. ☐ 2 No (SKIP TO SEC. IV)

Site 1

B. EPA ID No. of facility waste was shipped to
Page 23.TND 991 279 480C. System type shipped to
Page 23.M061D. Off-site
availability code
Page 23.LE. Total quantity shipped in 1995
Page 23.15966.0

Site 2

NAB. EPA ID No. of facility waste was shipped to
Page 23.LMC. System type shipped to
Page 23.LMD. Off-site
availability code
Page 23.LME. Total quantity shipped in 1995
Page 23.LM

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? ☐ 1 Yes (CONTINUE TO BOX B)
Instruction page 24. ☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.

LM LM
LM LM

C. Other effects Page 25.

☐ 1 Yes
☐ 2 NoD. Quantity recycled in 1995 due to new activities
Page 25.LME. Activity/production
index Page 25.LM

F. 1995 source reduction quantity Page 26.

LMComments: Section IF: A09, A58

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME:

AEROFIL TECHNOLOGY, INC

EPA ID NO:

M101D 9811 722 762U.S. ENVIRONMENTAL
PROTECTION AGENCY

1995 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18. Flammable Solvent based waste from flushout/cleanup procedures during the production process, contains Acetone, Hexane

B. EPA hazardous waste code Page 19.

D1001 NAF1003 NA NA

C. State hazardous waste code Page 19.

NA

D. SIC code Page 19.

2899E. Origin code 1 Page 19System
Type LM

F. Source code Page 20.

A04G. Point of measurement
Page 20.1H. Form code
Page 20.B103

I. RCRA - radioactive mixed Page 20.

2

Sec. II

A. Quantity generated in 1994
Instruction Page 21.29060.0B. Quantity generated in 1995
Page 21.31768.0C. UOM
Page 21.1 0.0☐ 1 lbs/gal ☐ 2 sg

Density

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.

☐ 1 Yes (CONTINUE TO SYSTEM 1)☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type
Page 22.LMQuantity treated, disposed, or recycled on site
in 19950.0

ON-SITE PROCESS SYSTEM 2

On-site process system type
Page 22.LMQuantity treated, disposed, or recycled on site
in 19950.0

Sec. III

A. Was any of this waste shipped off-site in 1995 ☒ 1 Yes (CONTINUE TO BOX B)
Instruction page 22. ☐ 2 No (SKIP TO SEC. IV)

Site 1

B. EPA ID No. of facility waste was shipped to
Page 23.TND 991 279 480C. System type shipped to
Page 23.M061D. Off-site
availability code
Page 23.1E. Total quantity shipped in 1995
Page 23.31768.0

Site 2

B. EPA ID No. of facility waste was shipped to
Page 23.NAC. System type shipped to
Page 23.LMD. Off-site
availability code
Page 23.1E. Total quantity shipped in 1995
Page 23.0.0

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? ☐ 1 Yes (CONTINUE TO BOX B)
Instruction page 24. ☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.

LM LM
LM LM

C. Other effects Page 25.

☐ 1 Yes
☐ 2 NoD. Quantity recycled in 1995 due to new activities
Page 25.0.0E. Activity/production
index Page 25.0.0

F. 1995 source reduction quantity Page 26.

0.0Comments: Section I F: A09, A58

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME:

AEROFIL TECHNOLOGY, INC

EPA ID NO:

MOD 981722762

U.S. ENVIRONMENTAL
PROTECTION AGENCY

1995 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18. *Halogenated waste from flushout/cleanup procedures during the production process, contains methylene chloride, and 1,1,1 trichloroethane*

B. EPA hazardous waste code Page 19.

F002 N/A

N/A N/A N/A

C. State hazardous waste code Page 19.

N/A

D. SIC code Page 19.

2899

E. Origin code Page 19

1

System
Type LM

F. Source code Page 20.

A104

G. Point of measurement
Page 20.

1

H. Form code
Page 20.

B202

I. RCRA - radioactive mixed Page 20.

2

Sec. II

A. Quantity generated in 1994
Instruction Page 21.

13879.0

B. Quantity generated in 1995
Page 21.

47601.0

C. UOM
Page 21.1
□ 1 lbs/gal □ 2 sg

Density

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer (POTW)? Page 21.

□ 1 Yes (CONTINUE TO SYSTEM 1)
X 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type
Page 22.

LM

Quantity treated, disposed, or recycled on site
in 1995

13879.0

ON-SITE PROCESS SYSTEM 2

On-site process system type
Page 22.

LM

Quantity treated, disposed, or recycled on site
in 1995

47601.0

Sec. III

A. Was any of this waste shipped off-site in 1995 ☒ Yes (CONTINUE TO BOX B)
Instruction page 22. ☐ No (SKIP TO SEC. IV)

Site 1

B. EPA ID No. of facility waste was shipped to
Page 23.

TND 991279480

C. System type shipped to
Page 23.

M061

D. Off-site
availability code
Page 23.

1

E. Total quantity shipped in 1995
Page 23.

47601.0

Site 2

B. EPA ID No. of facility waste was shipped to
Page 23.

N/A

C. System type shipped to
Page 23.

LM

D. Off-site
availability code
Page 23.

1

E. Total quantity shipped in 1995
Page 23.

N/A

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? ☐ 1 Yes (CONTINUE TO BOX B)
Instruction page 24. ☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.

N/A N/A
N/A N/A

C. Other effects Page 25.

□ 1 Yes
□ 2 NoD. Quantity recycled in 1995 due to new activities
Page 25.

N/A

E. Activity/production
index Page 25.

N/A

F. 1995 source reduction quantity Page 26.

N/A

Comments: Section 1 F: A09, A58

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME:

AEROFIL TECHNOLOGY, INC

EPA ID NO:

M001 9811 722 762U.S. ENVIRONMENTAL
PROTECTION AGENCY

1995 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18. Flammable solvent based waste from flushout/cleaning procedures during the production process, contains - Pentane, Heptane, Naphtha & Isopropanol

B. EPA hazardous waste code Page 19.

D001 NA
NA NA NA

C. State hazardous waste code Page 19.

NA

D. SIC code Page 19.

2899E. Origin code 1 Page 19
System
Type LM

F. Source code Page 20.

A04G. Point of measurement
Page 20.1H. Form code
Page 20.31203

I. RCRA - radioactive mixed Page 20.

2

Sec. II

A. Quantity generated in 1994
Instruction Page 21.54799.0B. Quantity generated in 1995
Page 21.22841.0C. UOM
Page 21.1 0 0
☐ 1 lbs/gal ☐ 2 sg

Density

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.

☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type
Page 22.LMQuantity treated, disposed, or recycled on site
in 19950

ON-SITE PROCESS SYSTEM 2

On-site process system type
Page 22.LMQuantity treated, disposed, or recycled on site
in 19950

Sec. III

A. Was any of this waste shipped off-site in 1995 ☒ 1 Yes (CONTINUE TO BOX B)
Instruction page 22. ☐ 2 No (SKIP TO SEC IV)

Site 1

B. EPA ID No. of facility waste was shipped to
Page 23.TND 991 279 480C. System type shipped to
Page 23.M061D. Off-site
availability code
Page 23.1E. Total quantity shipped in 1995
Page 23.22841.0

Site 2

B. EPA ID No. of facility waste was shipped to
Page 23.NAC. System type shipped to
Page 23.LMD. Off-site
availability code
Page 23.1E. Total quantity shipped in 1995
Page 23.0

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? ☐ 1 Yes (CONTINUE TO BOX B)
Instruction page 24. ☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.

LM LM
LM LM

C. Other effects Page 25.

☐ 1 Yes
☐ 2 NoD. Quantity recycled in 1995 due to new activities
Page 25.0E. Activity/production
index Page 25.0

F. 1995 source reduction quantity Page 26.

0Comments: Section 1F: A09, A19, A57
1H: B207

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME:

AEROFIL TECHNOLOGY, INC

EPA ID NO:

M.O.D. 9.8.1 7.2.2 7.6.2U.S. ENVIRONMENTAL
PROTECTION AGENCY

1995 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18. off spec !!! Trichloroethylene from production process,
NON FLAMMABLE

B. EPA hazardous waste code Page 19.

U.2.2.6 U.1.1
U.1.1 U.1.1 U.1.1

C. State hazardous waste code Page 19.

U.1.1 U.1.1 U.1.1

D. SIC code Page 19.

2899E. Origin code 1 Page 19System
Type LM

F. Source code Page 20.

A.5.8G. Point of measurement
Page 20.1H. Form code
Page 20.B.2.0.2

I. RCRA - radioactive mixed Page 20.

2

Sec. II

A. Quantity generated in 1994
Instruction Page 21.5292.0B. Quantity generated in 1995
Page 21.5869.0C. UOM
Page 21.1 0.00
☐ 1 lbs/gal ☐ 2 sg

Density

D. Did this site do any of the following to this waste: treat on
site, dispose on site, recycle on site, or discharge to a
sewer/POTW? Page 21.☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type
Page 22.LMQuantity treated, disposed, or recycled on site
in 19950.00

ON-SITE PROCESS SYSTEM 2

On-site process system type
Page 22.LMQuantity treated, disposed, or recycled on site
in 19950.00

Sec. III

A. Was any of this waste shipped off-site in 1995 ☐ 1 Yes (CONTINUE TO BOX B)
Instruction page 22. ☒ 2 No (SKIP TO SEC. IV)

Site 1

B. EPA ID No. of facility waste was shipped to
Page 23.T.M.D. 9.9.1 2.2.9 4.8.0C. System type shipped to
Page 23.M.O.6.1D. Off-site
availability code
Page 23.1E. Total quantity shipped in 1995
Page 23.5869.0

Site 2

B. EPA ID No. of facility waste was shipped to
Page 23.U.1.1 U.1.1 U.1.1C. System type shipped to
Page 23.LMD. Off-site
availability code
Page 23.1E. Total quantity shipped in 1995
Page 23.0.00

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? ☐ 1 Yes (CONTINUE TO BOX B)
Instruction page 24. ☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.

LM LM
LM LM

C. Other effects Page 25.

☐ 1 Yes
☐ 2 NoD. Quantity recycled in 1995 due to new activities
Page 25.0.00E. Activity/production
index Page 25.0.00

F. 1995 source reduction quantity Page 26.

0.00

Comments:

Sec I F ; A 57

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: AEROFIL TECHNOLOGY, INC

EPA ID NO: MCD 981 722 762

U.S. ENVIRONMENTAL
PROTECTION AGENCY

1995 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18. Solid waste from cleanup procedures of product on equipment and floor. Sweepings, sludge and combust. bk; mixture of methylene chloride, 1,1,1-trichloroethane, Acetone, Toluene and Naptha

B. EPA hazardous waste code Page 19. D001 F002 F003 F095 N/A

C. State hazardous waste code Page 19. N/A

D. SIC code Page 19. 2899

E. Origin code 1 Page 19
System LM

F. Source code Page 20. A9R

G. Point of measurement Page 20. 4

H. Form code Page 20. B3110

I. RCRA - radioactive mixed Page 20. R

Sec. II

A. Quantity generated in 1994 Instruction Page 21. 0

B. Quantity generated in 1995 Page 21. 21864.0

C. UOM Page 21. 1 1 0 0
Density 1 lbs/gal 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type Page 22. N/A

Quantity treated, disposed, or recycled on site in 1995 N/A

ON-SITE PROCESS SYSTEM 2

On-site process system type Page 22. LM

Quantity treated, disposed, or recycled on site in 1995 0

Sec. III

A. Was any of this waste shipped off-site in 1995? ☒ 1 Yes (CONTINUE TO BOX B)
Instruction page 22. ☐ 2 No (SKIP TO SEC. IV)

Site	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. Total quantity shipped in 1995 Page 23.
Site 1	<u>TND 991 279 450</u>	<u>M061</u>	<u>1</u>	<u>21864.0</u>
Site 2	<u>N/A</u>	<u>LM</u>	<u>0</u>	<u>0</u>

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? ☐ 1 Yes (CONTINUE TO BOX B)
Instruction page 24. ☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other effects Page 25.	D. Quantity recycled in 1995 due to new activities Page 25.	E. Activity/production index Page 25.	F. 1995 source reduction quantity Page 26.
<u>LM</u> <u>LM</u>	<input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	<u>0</u>	<u>0</u>	<u>0</u>

Comments: Sec I F: A09, A53
Sec I H: B406

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME:

AEROFIL TECHNOLOGY, INC

EPA ID NO:

M001981722762

U.S. ENVIRONMENTAL
PROTECTION AGENCY

1995 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18. *Flammable solvent based waste from flushout/clean up process during the production process, contains Acetone, Toluene, Hexane, Naphtha, xylene & methyl ethyl ketone*

B. EPA hazardous waste code Page 19.

D001, F003

P005, U04, U04

C. State hazardous waste code Page 19.

U04

D. SIC code Page 19.

2899

E. Origin code ☒ Page 19

System

Type LM

F. Source code Page 20.

A04

G. Point of measurement Page 20.

1

H. Form code Page 20.

B203

I. RCRA - radioactive mixed Page 20.

2

Sec. II

A. Quantity generated in 1994
Instruction Page 21.B. Quantity generated in 1995
Page 21.C. UOM
Page 21.

Density

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.

☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

ON-SITE PROCESS SYSTEM 2

On-site process system type
Page 22.

LM

Quantity treated, disposed, or recycled on site
in 1995

118654.0

On-site process system type
Page 22.

LM

Quantity treated, disposed, or recycled on site
in 1995

1195051.0

Sec. III

A. Was any of this waste shipped off-site in 1995
Instruction page 22.☒ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC IV)

Site 1

B. EPA ID No. of facility waste was shipped to
Page 23.

TWID, 997, 279, 480

C. System type shipped to
Page 23.

M061

D. Off-site
availability code
Page 23.

1

E. Total quantity shipped in 1995
Page 23.

1195051.0

Site 2

B. EPA ID No. of facility waste was shipped to
Page 23.

N/A

C. System type shipped to
Page 23.

LM

D. Off-site
availability code
Page 23.

1

E. Total quantity shipped in 1995
Page 23.

1195051.0

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? ☒ 1 Yes (CONTINUE TO BOX B)
Instruction page 24. ☐ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.

W14, W1A
W13, W1A

C. Other effects Page 25.

☐ 1 Yes
☒ 2 NoD. Quantity recycled in 1995 due to new activities
Page 25.

1195051.0

E. Activity/production
index Page 25.

1195051.0

F. 1995 source reduction quantity Page 26.

1195051.0

Comments: Section IF: A09 A19
Section IH: B201Section IV: Waste minimization resulted from procedure changes in our flushout-changeover procedures. II E is unknown due to only a partial year of production in 1994 and a full year production in 1995
II F: is a best estimate

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME:

AEROFIL TECHNOLOGY, INC.

EPA ID NO:

MOD 981722762

U.S. ENVIRONMENTAL
PROTECTION AGENCY

1995 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18. *Flammable Solvent-based waste from the still bottoms of a resource recovery distillation unit, contains: Methylene chloride, xylene, Toluene, Acetone, Hexane & 1,1,1-Trichloroethane*

B. EPA hazardous waste code Page 19.

D001 F992
F0013 F005 N/A

C. State hazardous waste code Page 19.

N/A

D. SIC code Page 19.

2899

E. Origin code Page 19

System
Type LM

F. Source code Page 20.

273

G. Point of measurement
Page 20.

2

H. Form code
Page 20.

B601

I. RCRA - radioactive mixed Page 20.

2

Sec. II

A. Quantity generated in 1994
Instruction Page 21.

834.0

B. Quantity generated in 1995
Page 21.

27255.0

C. UOM
Page 21.1
□ 1 lbs/gal □ 2 sg

Density

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.

□ 1 Yes (CONTINUE TO SYSTEM 1)
X 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

ON-SITE PROCESS SYSTEM 2

On-site process system type
Page 22.

LM

Quantity treated, disposed, or recycled on site
in 1995

27255.0

On-site process system type
Page 22.

LM

Quantity treated, disposed, or recycled on site
in 1995

27255.0

Sec. III

A. Was any of this waste shipped off-site in 1995
Instruction page 22. ☒ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC. IV)

Site 1

B. EPA ID No. of facility waste was shipped to
Page 23.

TND 991 279 480

C. System type shipped to
Page 23.

M061

D. Off-site
availability code
Page 23

1

E. Total quantity shipped in 1995
Page 23.

27255.0

Site 2

B. EPA ID No. of facility waste was shipped to
Page 23.

N/A

C. System type shipped to
Page 23.

LM

D. Off-site
availability code
Page 23

1

E. Total quantity shipped in 1995
Page 23.

27255.0

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? ☐ 1 Yes (CONTINUE TO BOX B)
Instruction page 24. ☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.

LM LM
LM LM

C. Other effects Page 25.

□ 1 Yes
□ 2 NoD. Quantity recycled in 1995 due to new activities
Page 25.

27255.0

E. Activity/production
index Page 25.

LM LM

F. 1995 source reduction quantity Page 26.

27255.0

Comments: Section 1H: B602

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME:

Aerofil Technology, Inc

EPA ID NO:

M01D 9811 71R2 76R2U.S. ENVIRONMENTAL
PROTECTION AGENCY

1995 Hazardous Waste Report

FORM
PSWASTE TREATMENT,
DISPOSAL, OR RECYCLING
PROCESS SYSTEMS

INSTRUCTIONS: Read the detailed instructions beginning on page 33 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste treatment, disposal, or recycling system description
Instruction Page 38.Batch distillation Resource Recovery UnitB. System type
Page 38.M01R11C. Regulatory status
Page 39.09D. Operational status
Page 39.01E. Unit types
Page 39.011 N/A

Sec. II

A. 1995 influent quantity
Instruction page 40.

Total 107700.0 UOM L Density 1

RCRA 107700.0 ☐ 1 lbs/gal ☐ 2 sg

B. Maximum operational capacity
Page 41.

Total 649740.0

RCRA 649740.0

C. 1995 liquid effluent quantity
Instruction page 42.

Total NA UOM 1 Density 1

RCRA 1 1 lbs/gal ☐ 2 sg

D. 1995 solid/sludge residual quantity
Page 43.

Total 127255.0 UOM L Density 1

RCRA 127255.0 ☐ 1 lbs/gal ☐ 2 sg

E. Limitation on maximum operational capacity
Page 43.1. 09 2. NA 3. NAF. Commercial capacity availability code
Page 43.1G. Percent capacity commercially available
Page 43.0 %

Comments:

Section II B: Estimated



COMBINATION NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

Send to: Missouri Department of Natural Resources, Waste
Management Program, P.O. Box 176, Jefferson City, MO 65102

For Official Use Only

Comments

C
C

Installation's EPA ID Number

Approved

Date Received
(yr. mo. day)

#071

C
FT/A C
1

MOD981722762

Franklin

I. Name of Installation

AEROFIL TECHNOLOGY INC

II. Installation Mailing Address

Street or P.O. Box

C
3

225 INDUSTRIAL PARK DRIVE

City or Town

State

ZIP Code

C
4

SULLIVAN

MO 65080

III. Location of Installation

C
5

SAME

City or Town

RCRA Records Center

State

ZIP Code

C
6

IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number)

C
2

KLICK STEVE QC MANA 314 468 5551

V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

C
R

JACK SHELLEY

P

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

B. Used Oil Fuel Activities

- ☒ 1a. Generator ☒ 1b. Less than 1,000 kg/mo.
☐ 2. Transporter
☐ 3. Treater/Storer/Disposer
☐ 4. Underground Injection
☐ 5. Market or Burn Hazardous Waste Fuel
(enter 'X' and mark appropriate boxes below)
☐ a. Generator Marketing to Burner
☐ b. Other Marketer
☐ c. Burner

- ☐ 6. Off-Specification Used Oil Fuel
(enter 'X' and mark appropriate boxes below)
☐ a. Generator Marketing to Burner
☐ b. Other Marketer
☐ c. Burner
☐ 7. Specification Used Oil Fuel Marketer (for On site Burner)
Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler☐ B. Industrial Boiler☐ C. Industrial Furnace

VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

- ☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify)

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

- ☒ A. First Notification ☐ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

C-
W1/A
C
1**X. Description of Hazardous Wastes (continued from front)**

A. Wastes from Nonspecific Sources (F-List). Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Below each number, enter monthly generation amount in pounds and frequency code A, B, or C.

WASTE ID #

F C C 2

F C C 3

AMOUNT AND
FREQUENCY

lbs.

lbs.

lbs.

lbs.

B. Wastes from Specific Sources (K-List). Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Below each number, enter the monthly generation amount in pounds and frequency code A, B, or C.

WASTE ID #

AMOUNT AND
FREQUENCY

lbs.

lbs.

lbs.

lbs.

C. Commercial Chemical Product Wastes (U and P Lists). Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Below each number, enter monthly generation amount in pounds and frequency A, B, or C.

WASTE ID #

U C C 2

U C C 3

U C 4 4

U 1 5 4

AMOUNT AND
FREQUENCY

lbs.

lbs.

lbs.

lbs.

D. (Reserved)

E. Characteristics of Nonlisted Hazardous Wastes. Mark an 'x' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24) Below each box that you check, enter the monthly generation amount expressed in pounds and generation frequency code A, B, or C.

AMOUNT AND
FREQUENCY
☐ 1. Ignitable
(0001)

lbs.

☐ 2. Corrosive
(0002)

lbs.

☐ 3. Reactive
(0003)

lbs.

☐ 4. Toxic Enter the four-digit number which identifies each characteristic toxic waste. Below each number enter the monthly generation amount and frequency.

AMOUNT AND
FREQUENCY

lbs.

lbs.

lbs.

lbs.

MISSOURI REQUIRED INFORMATION

MO Generator ID Number

Principle Business Activity

AEROSOL BLENDING AND PACKAGING

S.I.C. Code (leave blank if uncertain)

3400

Check this box if you generate/accumulate less than a regulated quantity ☐**XI. Certification**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

Steven Klick

Name And Official Title (Type Or Print)

STEVEN KLINK QUALITY ASSURANCE
MANAGER

Date Signed

6/6/88

V

NAME OF INSTALLATION'S LEGAL OWNER
(CONTINUED)

C
R ROBERT DUNAWAY

7

RETURN RECEIVED
means of the pump
e and address only
the return
the front of this
3811.
ed

DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102
(314) 751-3176

AEROFIL TECHNOLOGY, INC.
CONTACT: DEWAYNE STORIE *Greg Krueger*
225 INDUSTRIAL PARK DR.
SULLIVAN, MO 63080
*
EPA ID=MOD981722762
MO ID=010753

GENERATOR'S HAZARDOUS WASTE SUMMARY REPORT - PART I

GENERATOR'S EPA I.D. NUMBER

GENERATOR'S MISSOURI I.D. NUMBER

M.O.D.9.8.1.7.2.2.7.6.2

0.1.0.7.5.3

NOTE: THE FEDERAL EPA AND MISSOURI GENERATOR I.D. NUMBERS ARE ASSIGNED EXCLUSIVELY TO THE SITE WHERE WASTE IS PRODUCED. YOU MUST NOTIFY THE DEPARTMENT IF THE ADDRESS FOR THE SITE OF GENERATION CHANGES.

NOTE ► PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

SECTION A - REPORT IDENTIFICATION

1. TYPE OF REPORT (CHECK ONE)

☒ QUARTERLY ☐ ANNUAL

(IF ANNUAL CHECKED, PLACE X IN 6-30 BOX)

2. FOR THE PERIOD ENDING (CHECK ONE & FILL IN YEAR)

☐ 9-30-____ (YEAR) ☐ 12-31-____ (YEAR)

☒ 3-31-*96* (YEAR) ☐ 6-30-____ (YEAR)

3. PAGE

1 OF *2*

SECTION B - GENERATOR IDENTIFICATION

NOTE: Any change in either the mailing or site address from previous reports requires renotification to the Department.

4. GENERATOR'S NAME ☒ SAME AS LABEL

5. GENERATOR CONTACT PERSON (NAME) ☒ SAME AS LABEL

TELEPHONE NUMBER

573-468-5551 x163

6. MAILING ADDRESS

SAME AS LABEL

CITY

STATE

ZIP CODE

7. PLANT SITE ADDRESS ☒ SAME AS LABEL

CITY

STATE

ZIP CODE

8. NAME OF PARENT FIRM

N/A

OFFICE USE ONLY

SECTION C - STATUS OF WASTE GENERATED (CHECK ONE)

9. ☒ SHIPPED OFF-SITE. Complete part 2, attach completed hazardous waste manifests, sign certification and transmit to the department.

10.

☐ REPORTABLE QUANTITY NOT GENERATED. Sign certification and transmit to the department. (Do not complete Part 2)

11.

☐ REPORTABLE QUANTITY GENERATED BUT NOT SHIPPED OFF-SITE THIS QUARTER. Sign certification and transmit to the department. (Do not complete Part 2).

SECTION D - COMMENTS:

12.

SECTION E - CERTIFICATION STATEMENT

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

PRINT NAME

SIGNATURE

DATE

Greg Krueger

Greg Krueger

5/14/01

DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
PERSON CITY, MISSOURI 65102
(314) 751-3176
**GENERATOR'S HAZARDOUS WASTE
REPORT SUMMARY SHEET - PART II**

**BEFORE COPYING FORM, ENTER THE GENERATOR'S NAME
AND IDENTIFICATION NUMBERS AS SHOWN ON PART I.**

GENERATOR NAME
Aero-Fil Technology, Inc

EPA ID NUMBER
M.O.D.9.8.1.7.2.2.7.6.2

MISSOURI I.D. NUMBER
0.1.0.7.5.3

NOTE ▶ PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

ATTENTION: Summarize all shipments made to the Hazardous Waste Management Facility you have identified in Section G below. Additional pages are required for each off-site management facility utilized.

SECTION F - REPORT IDENTIFICATION (AS SHOWN ON PART I)

1. FOR THE PERIOD ENDING (CHECK ONE & FILL IN YEAR)
☐ 9-30- (YEAR) ☐ 12-31- (YEAR)
☒ 3-31- *76* (YEAR) ☐ 6-30- (YEAR)

2. PAGE
2 OF *2*

SECTION G - FACILITY IDENTIFICATION

3. FACILITY NAME (NAME OF OFF-SITE LOCATION WHERE WASTE WAS DELIVERED)
Perma-Fix of Memphis, Inc

4. FACILITY'S EPA I.D. NUMBER
T.N.D.9.9.1.2.7.9.4.8.0

5. FACILITY SITE ADDRESS
901 E. Bodley Ave

6. FACILITY'S MISSOURI I.D. NUMBER
R.R.T.N.15

CITY
Memphis

STATE
TN

ZIP CODE
38106

SECTION H - WASTE IDENTIFICATION

LINE	7. DESCRIPTION OF WASTE SHIPPED TO THE FACILITY LISTED ABOVE	8. DOT HAZARD CODE	9. EPA HAZARDOUS WASTE NUMBER	10. TAX CODE (SEE INST.)	11. TOTAL AMOUNT OF WASTE	12. UNIT OF MEAS.	13. SPECIFIC GRAVITY	14. FINAL HANDLING CODE
1	Waste Environmentally Hazardous substance	.	D.0.0.1 F.0.0.2 F.0.0.3 F.0.0.5		4582	P	:	T.5.0
2	WHITE Line Flush, DOT NON-HAZ. EPA NON-Regulated	.	D.0.9.9		27719	P	:	T.0.3
3	Waste Flammable Liquid Acetone/Water/Toluene	.	D.0.0.1 F.0.0.3 F.0.0.5		31118	P	:	T.5.0
4	Still bottoms - Waste Flammable Liquid, methylene chloride, xylene Toluene	.	D.0.0.1 F.0.0.5 F.0.0.2 F.0.0.3	A	7647	P	:	T.5.0
5	Hydrogenated Hazardous Waste Liquid methylene chloride in Trichloroethane	.	F.0.0.2		51,265	P	:	T.0.3
6	Waste Flammable Liquid Acetone, MEK, Xylene	.	D.0.0.1 F.0.0.5 F.0.0.3		28,135	P	:	T.5.0
7		.	. . . .				:	. . .
8		.	. . . .				:	. . .

SECTION I - TRANSPORTATION SERVICES UTILIZED

15. COMPANY NAME	16. MISSOURI ID NO.	17. US EPA I.D. NUMBER
a <i>Schiber Truck Company</i>	<i>H. - 1.4.2.7</i>	<i>EL.D.0.0.6.4.9.3.1.9.1</i>
b <i>Perma-Fix of Memphis, Inc</i>	<i>H. - 1.7.8.0</i>	<i>T.N.D.9.9.1.2.7.9.4.8.0</i>
c		

SECTION J - COMMENTS

8. *Line H 2 IS EPA NON-Regulated*

INSTRUCTIONS FOR THE COM-
PLETION OF THIS FORM ARE ON A
SEPARATE SHEET.

THIS DOCUMENT MUST BE USED
FOR ALL MISSOURI-DESTINED
SHIPMENTS.

MISSOURI DEPARTMENT OF NATURAL RESOURCES

Division of Environmental Quality

Hazardous Waste Program

P.O. Box 176 Jefferson City, Missouri 65102

314-751-3176

EMERGENCY RESPONSE
U.S. COAST GUARD
1-800-474-6802
CHEM TREC
1-800-424-9000
DEPT OF NATURAL RESOURCES
314-634-2436

HAZARDOUS WASTE MANIFEST

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No 2050-0039. Expires 9-30-98

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page	Information in the shaded areas is required by State law.	
3. Generator's Name and Mailing Address AEROFIL TECHNOLOGY 225 INDUSTRIAL PARK DRIVE, SULLIVAN, MO 63080		M O D 9 1 8 1 1 7 1 2 1 2 1 6 1 2	A 1 0 1 1 2 1 3	2	G. Manifest Document Number 011-01-5531-0123	
4. Generator's Phone (573) 463-5551		GREG KRUEGER		H. Generator's Phone (901) 774-2050		
5. Transporter 1 Company Name PERMA-FIX OF MEMPHIS INC.		T N D 9 1 9 1 1 2 1 7 1 9 1 1 2 1 0		I. Transporter 1 US EPA ID Number 063486S(TN)		
7. Transporter 2 Company Name		8. US EPA ID Number		J. Transporter 2 Phone		
9. Designated Facility Name and Site Address PERMA-FIX OF MEMPHIS, INC. 901 E. BODLEY AVE. MEMPHIS TN 38106		10. US EPA ID Number T N D 9 1 9 1 1 2 1 7 1 9 1 1 2 1 0		K. State Facility's ID 901-774-2050		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers	13. Total Quantity	14. Unit	15. Waste No.	
		Number	Type	Quantity	Wt/Vol	
a. WASTE ENVIRONMENTALLY HAZARDOUS SUBSTANCE LIQUID, N.O.S., (F002, F003, F005), 9, UN 3082, III (D001), "RQ" 10 LBS.		0.02	DIY	0.073.2		EPA WASTE CODE D 0 0 1 STATE
b. WASTE FLAMMABLE LIQUID, N.O.S., (METHYLENE CHLORIDE, XYLENE, TOLUENE), 3, UN 1993, III (D001), "RQ" 10 LBS		0.07	DIY	0.2619		EPA WASTE CODE D 0 0 1 STATE
c. HAZARDOUS WASTE LIQUID, N.O.S., (METHYLENE CHLORIDE, 1,1,1-TRICHLOROETHANE), 9, UN 3077, III (F002), "RQ" 10 LBS.		0.03	DIY	0.1225		EPA WASTE CODE F 0 0 2 STATE
d. WASTE FLAMMABLE LIQUID, N.O.S., (ACETONE, METHYL ETHYL KETONE, XYLENE), 3, UN 1993, II (D001, F003, F005), "RQ" 100 LBS.		0.66	DIY	2.450.4		EPA WASTE CODE D 0 0 1 STATE
J. Additional Descriptions for Materials Listed Above		HANDLING CODES (FACILITY USE ONLY)				
		INTERIM				
		FINAL				
		COMMENTS				
a. EPA Cont. : F002, F003, F005 Profile#11269						
b. EPA Cont. : F003, F002, F005 Profile#11272						
c. PROFILE: 11273 ERG 174 Profile#11273						
d. EPA Cont. : F003, F005 Profile#11274						
15. Special Handling Instructions and Additional Information IN CASE OF EMERGENCY CONTACT 1-800-966-0059.						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.						
Printed/Typed Name Greg Krueger		Signature 		Month Day Year 11/11/2196		
17. Transporter Acknowledgement/Receipt of Materials Printed/Typed Name JAMES E WEAR		Signature 		Date 11/11/2196		
18. Transporter 2 Acknowledgement/Receipt of Materials Printed/Typed Name		Signature		Date		
19. Discrepancy Indication Space						
20. Designated Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Signature Month Day Year						

GENERATOR

TRANSPORTER

FACILITY

MISSOURI DNR FINAL COPY - PART 1

INSTRUCTIONS FOR THE COM-
PLETION OF THIS FORM ARE ON A
SEPARATE SHEET.

THIS DOCUMENT MUST BE USED
FOR ALL MISSOURI-DESTINED
SHIPMENTS.

MISSOURI DEPARTMENT OF NATURAL RESOURCES
Division of Environmental Quality
Hazardous Waste Program
P.O. Box 176 Jefferson City, Missouri 65102
314-751-3176

EMERGENCY RESPONSE
U.S. COAST GUARD
1-800-424-6802
CHEM TREC
1-800-424-6000
DEPT. OF NATURAL RESOURCES
314-634-2436

HAZARDOUS WASTE MANIFEST

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No 2050-0039. Expires 9-30-96

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page	Information in the shaded areas is required by State law.
3. Generator's Name and Mailing Address AEROFIL TECHNOLOGY, 225 INDUSTRIAL PARK DRIVE, SULLIVAN, MO 63080		M101D19181117121271612		7	A. Missouri Manifest Document Number 0112025555555555 01/2/96
4. Generator's Phone (573) 468-5551 GREG KRUEGER		6. US EPA ID Number TIN1D191911121719141910		C. MO Trans ID # 780 053496S (TV)	
5. Transporter 1 Company Name PERMA-FIX OF MEMPHIS INC		7. Transporter 2 Company Name		D. Transporter Phone (901) 774-2050	
8. US EPA ID Number		9. Designated Facility Name and Site Address PERMA-FIX OF MEMPHIS, INC. 901 E. BODLEY AVE. MEMPHIS TN 38106		E. MO Trans ID # F. Transporter's Phone G. State Facility's ID # H. Facility's Phone (901) 774-2050	
10. US EPA ID Number		11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers	
				Number Type Total Quantity Unit WU/Vol	
a. WASTE FLAMMABLE LIQUID, N.O.S., (ACETONE), 3, UN 1993, II (D001), "RQ" 100 LBS.				0.06 D1X 0.2, 4, 7, 6	
b. WASTE DRY MATERIAL SOLIDIFICATION, NONHAZARDOUS, NONREGULATED				0.04 D1X 0.1, 3, 6, 6	
c.					
d.					
J. Additional Descriptions for Materials Listed Above		K. HANDLING CODE (FACILITY USE ONLY)		L. Waste No.	
EPA Cont. # F003, F005 Profile # 11271		INTERIM FINAL		STATE	
PROFILE: 20041 ERG NA				EPA WASTE CODE	
c.				STATE	
d.				EPA WASTE CODE	
				STATE	
15. Special Handling Instructions and Additional Information IN CASE OF EMERGENCY CONTACT 1-800-966-0059.					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.					
Printed/Typed Name Greg Krueger		Signature Greg Krueger		Month Day Year 11/1/96	
17. Transporter Acknowledgement of Receipt of Materials		Signature James E. Wear		Date 11/1/96	
Printed/Typed Name JAMES E. WEAR		Signature		Month Day Year	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Date	
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Designated Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name		Signature		Month Day Year	

MISSOURI DNR FINAL COPY - PART 1
THIS COPY MUST BE SENT BACK TO THE GENERATOR BY THE DESIGNATED

MISSOURI DEPARTMENT OF NATURAL RESOURCES
Division of Environmental Quality
Hazardous Waste Program
P.O. Box 176 Jefferson City, Missouri 65102
314-751-3176

HAZARDOUS WASTE MANIFEST

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No 2050-0039. Expires 9-30-96

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. M O D 9 3 1 7 2 2 7 5 2	Manifest Document No. B O 1 1 2 2	2. Page of 2	Information in the shaded areas is required by State law.	
3. Generator's Name and Mailing Address AEROFIL TECHNOLOGY 225 INDUSTRIAL PARK DRIVE, SULLIVAN, MO 63080				A. Missouri Manifest Document Number 0 1 0 7 5 3 1 0 1 2 2		
4. Generator's Phone (573) 468-5551 GREG KRUEGER				B. G.S.I. (Gen. Site Address) SULLIVAN MO 63080		
5. Transporter 1 Company Name PERMA-FIX OF MEMPHIS INC.				C. MO. Trans. IDH1780 V-17857 (TN)		
6. US EPA ID Number T N D 9 3 1 1 2 7 9 4 8 0				D. Transporter's Phone (901) 774-2050		
7. Transporter 2 Company Name				E. MO. Trans. ID		
8. US EPA ID Number				F. Transporter's Phone		
9. Designated Facility Name and Site Address PERMA-FIX OF MEMPHIS, INC. 901 E. BODLEY AVE. MEMPHIS TN 38106				G. State Facility's ID		
10. US EPA ID Number T N D 9 3 1 1 2 7 9 4 8 0				H. Facility's Phone (901) 774-2050		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers Number	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. WASTE FLAMMABLE LIQUID. N.O.S., (ACETONE), 3, UN 1993, II (D001), "RQ" 100 LBS.		0 1 8	DIM	0 7 4 5 4	P	EPA WASTE CODE STATE
b. WASTE DRY MATERIAL SOLIDIFICATION, NONHAZARDOUS, NONREGULATED		0 0 8	DIM	0 1 9 3 0	P	EPA WASTE CODE STATE
c.						EPA WASTE CODE STATE
d.						EPA WASTE CODE STATE
J. Additional Descriptions for Materials Listed Above		K. HANDLING CODE (FACILITY USE ONLY)				COMMENTS
a. EPA Cont.: F003, F005 Profile# 11271		a. S C I T S O				
b. PROFILE: 20041 ERG NA		b. S C I T S O				
c.		c.				
d.		d.				
15. Special Handling Instructions and Additional Information IN CASE OF EMERGENCY CONTACT 1-800-966-0059.						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.						
Printed/Typed Name GREG KRUEGER		Signature <i>Greg Krueger</i>		Month Day Year 11/01/96		
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>James E. Wear</i>		Date 11/01/96		
Printed/Typed Name JAMES E. WEAR		Signature		Month Day Year		
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Date		
Printed/Typed Name		Signature		Month Day Year		
19. Discrepancy Indication Space						
20. Designated Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name Tom Colton		Signature <i>Tom Colton</i>		Date 11/01/96		

MISSOURI DEPARTMENT OF NATURAL RESOURCES
Division of Environmental Quality
Hazardous Waste Program
P.O. Box 176 Jefferson City, Missouri 65102
314-751-3176

LD 844

HAZARDOUS WASTE MANIFEST

Please print or type (Form designed for use on elite (12-pitch) typewriter)

Form Approved OMB No 2050-0039. Expires 9-30-96

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. MO1019-21171212762	Manifest Document No. MO111212	2. Page of 2	Information in the shaded areas is required by State law.	
3. Generator's Name and Mailing Address AEROFIL TECHNOLOGY 225 INDUSTRIAL PARK DRIVE, SULLIVAN, MO 63080				A. Missouri Manifest Document Number 01075131		
4. Generator's Phone (573) 1468-5551 GREG KRUEGER				B. G.S.I. (Gen. Site Address) SULLIVAN MO 63080		
5. Transporter 1 Company Name PERMA-FIX OF MEMPHIS INC.				C. MO. Trans. ID H17801-1757 (TN)		
6. US EPA ID Number TN10191112171914810				D. Transporter's Phone (901) 774-2050		
7. Transporter 2 Company Name				E. MO. Trans. ID		
8. US EPA ID Number				F. Transporter's Phone		
9. Designated Facility Name and Site Address PERMA-FIX OF MEMPHIS, INC. 901 E. BODLEY AVE. MEMPHIS TN 38106				G. State Facility's ID		
10. US EPA ID Number TN10191112171914810				H. Facility's Phone (901) 774-2050		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers Number Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.	
a. WASTE ENVIRONMENTALLY HAZARDOUS SUBSTANCE LIQUID, N.O.S., (FC02, F003, F005), 9, UN 3082, III (D001), "RQ" 10 LBS.		001 DIM	003.69	D	EPA WASTE CODE D001 STATE	
b. WASTE FLAMMABLE LIQUID, N.O.S., (METHYLENE CHLORIDE, XYLENE, TOLUENE), 3, UN 1993, III (D001), "RQ" 10 LBS		000 DIM	000.00	D	EPA WASTE CODE D001 STATE	
c. HAZARDOUS WASTE LIQUID, N.O.S., (METHYLENE CHLORIDE, 1,1,1-TRICHLOROETHANE), 9, UN 3077, III (F002), "RQ" 10 LBS.		001 DIM	004.50	D	EPA WASTE CODE F002 STATE	
d. WASTE FLAMMABLE LIQUID, N.O.S., (ACETONE, METHYL ETHYL KETONE, XYLENE), 3, UN 1993, II (D001, F003, F005), "RQ" 100 LBS.		032 DIM	116.09	D	EPA WASTE CODE D001 STATE	
J. Additional Descriptions for Materials Listed Above		K. HANDLING CODE (FACILITY USE ONLY)				
a. EPA Cont.: F002, F003, F005 Profile# 11269		INTERIM FINAL COMMENTS				
b. EPA Cont.: F003, F002, F005 Profile# 11272		a. S O I T S O				
c. PROFILE: 11273 ERG 171 Profile# 11273		b. S O I T S O				
d. EPA Cont.: F003, F005 Profile# 11274		c. S O I T S O				
15. Special Handling Instructions and Additional Information IN CASE OF EMERGENCY CONTACT 1-800-966-0059.		d. S O I T S O				
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment: OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.						
Printed/Typed Name GREG KRUEGER		Signature <i>Greg Krueger</i>		Month Day Year 10/15/96		
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>James E. Weak</i>		Month Day Year 10/15/96		
Printed/Typed Name JAMES E. WEAK		Signature <i>James E. Weak</i>		Month Day Year 10/15/96		
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month Day Year		
Printed/Typed Name		Signature		Month Day Year		
19. Discrepancy Indication Space						
20. Designated Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest as noted in Item 19.						
Printed/Typed Name Teresa A. Clon		Signature <i>Teresa A. Clon</i>		Month Day Year 10/15/96		

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.
MOD. 98 1722762

Manifest Document No.
0002

2. Page 1 of 1

Generator's Name and Mailing Address

Aerolis Technologies
225 Industrial Park Drive

Sullivan

Mo 63080

Generator's Phone

(873) 468-5551

Greg Krueger

A. Transporter's Phone

677-9937

5. Transporter 1 Company Name

Eason & Smith

6. US EPA ID Number

OK 0000610329

7. Transporter 2 Company Name

8. US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address

Perma-Fix Treatment Services, Inc.
2300 South 25th West Avenue

10. US EPA ID Number

OK 0000402396

C. Facility's Phone

(918) 582-9595

11. Waste Shipping Name and Description

Non-Regulated Waste

12. Containers

No. Type

13. Total Quantity

14. Unit
Wt/Vol

001 TT 5000 G

A: Pts Profile No. 96AT1001

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

Emergency Number: Perma-Fix of Kansas City 800/966-0059

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name

Greg Krueger

Signature

[Signature]

Month Day Year

11 08 96

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Allen D Harris

Signature

[Signature]

Month Day Year

11 08 96

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month Day Year

HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. M.O.D.9.8.1.7.2.2.7.6.2

Manifest Document No. 00001

2. Page No. 1 of 1

Generator's Name and Mailing Address

IL TECHNOLOGIES
INDUSTRIAL PARK DRIVE SULLIVAN, MO 63080
Generator's Phone (573) 468-5551 GREG KRUEGER

5. Transporter 1 Company Name

6. Transporter 1 US EPA ID Number

PERMA-FIX TREATMENT SERVICES, INC.

O.K.D.0.0.0.4.0.2.3.9.6

7. Transporter 2 Company Name

8. Transporter 2 US EPA ID Number

9. Designated Facility Name and Site Address

10. Facility US EPA ID Number

PERMA-FIX TREATMENT SERVICES, INC.
2700 SOUTH 25TH WEST AVENUE
TULSA, OK 74107

O.K.D.0.0.0.4.0.2.3.9.6

A. Transporter's Phone (918) 582-9595

B. Transporter's Phone

C. Facility's Phone (918) 582-9595

11. Waste Shipping Name and Description

12. Containers

13. Total Quantity

14. Unit Wt/Vol

a. NON-REGULATED WASTE

No. Type

42.500 P

0.01 T-T

0.4900 G

D. Additional Descriptions for Materials Listed Above

A: PTS PROFILE NO. 96ATI001

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

EMERGENCY NUMBER: PERMA-FIX OF KANSAS CITY 800/966-0059

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name

GREG KRUEGER

Signature

Greg Krueger

Month Day Year

10/5/96

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

CHARLES HOLTON

Signature

Charles Holton

Month Day Year

10/5/96

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19

Printed/Typed Name

W.D. Finley

Signature

W.D. Finley

Month Day Year

10/5/96

GENERATOR

TRANSPORTER

FACILITY

...the and address
...by means of the
...front of article
...to an authorized agent
...front of the article
...appropriate spaces on the
...blocks in item 1 of

MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102
(573) 751-3176

GENERATOR'S HAZARDOUS WASTE
SUMMARY REPORT - PART I

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

GENERATOR'S NAME <i>Aerofit Technology, Inc</i>		
CONTACT PERSON (NAME) <i>GREG KRUEGER</i>		
SITE STREET ADDRESS (DO NOT ENTER P.O. BOX) <i>225 Industrial Park Dr.</i>		
CITY <i>Sullivan</i>	STATE <i>MO</i>	ZIP CODE <i>63080</i>
GENERATOR'S EPA I.D. NUMBER <i>M.O.D.9.8.1.7.2.2.7.6.2</i>		GENERATOR'S MISSOURI I.D. NUMBER <i>0.1.0.7.5.3</i>

NOTE: THE FEDERAL EPA AND MISSOURI GENERATOR I.D. NUMBERS ARE ASSIGNED EXCLUSIVE TO THE SITE WHERE WASTE IS PRODUCED. YOU MUST NOTIFY THE DEPARTMENT IF THE ADDRESS FOR THE SITE OF GENERATION CHANGES.

NOTE ► PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

SECTION A - REPORT IDENTIFICATION

1. TYPE OF REPORT (CHECK ONE) <input checked="" type="checkbox"/> QUARTERLY <input type="checkbox"/> ANNUAL <input type="checkbox"/> (IF ANNUAL CHECKED, PLATE X IN 6-30 BOX)	2. FOR THE PERIOD ENDING (CHECK ONE & FILL IN YEAR) <input type="checkbox"/> 9-30-____ (YEAR) <input type="checkbox"/> 12-31-____ (YEAR) <input type="checkbox"/> 3-31-____ (YEAR) <input checked="" type="checkbox"/> 6-30- <i>96</i> (YEAR)	3. PAGE <i>1</i> OF <i>2</i>
---	---	---------------------------------

SECTION B - GENERATOR IDENTIFICATION

NOTE: Any change in either the mailing or site address from previous reports requires renotification to the Department.

4. GENERATOR'S NAME <input checked="" type="checkbox"/> SAME AS LABEL			
5. GENERATOR CONTACT PERSON (NAME) <input checked="" type="checkbox"/> SAME AS LABEL		TELEPHONE NUMBER <i>573-468-5551 x163</i>	
6. MAILING ADDRESS <i>SAME as Label</i>	CITY	STATE	ZIP CODE
7. PLANT SITE ADDRESS <input checked="" type="checkbox"/> SAME AS LABEL	CITY	STATE	ZIP CODE
8. NAME OF PARENT FIRM <i>N/A</i>			OFFICE USE ONLY

SECTION C - STATUS OF WASTE GENERATED (CHECK ONE)

9. <input checked="" type="checkbox"/> SHIPPED OFF-SITE. Complete part 2, attach completed hazardous waste manifests, sign certification and transmit to the department.	10. <input type="checkbox"/> REPORTABLE QUANTITY NOT GENERATED. Sign certification and transmit to the department. (Do not complete Part 2)	11. <input type="checkbox"/> REPORTABLE QUANTITY GENERATED BUT NOT SHIPPED OFF-SITE THIS QUARTER. Sign certification and transmit to the department. (Do not complete Part 2)
--	---	---

SECTION D - COMMENTS

12.

SECTION E - CERTIFICATION STATEMENT

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

PRINT NAME <i>Greg Krueger</i>	SIGNATURE <i>Greg Krueger</i>	DATE <i>8/1/01</i>
-----------------------------------	----------------------------------	-----------------------

MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102
(573) 751-3176

GENERATOR'S HAZARDOUS WASTE
SUMMARY REPORT - PART II

BEFORE COPYING FORM, ENTER THE GENERATOR'S NAME AND
IDENTIFICATION NUMBERS AS SHOWN ON PART I.

GENERATOR NAME

Aerofix Technology, Inc

EPA ID NUMBER

M.O.D.9.B.1.7.2.2.7.6.2

MISSOURI I.D. NUMBER

0.1.0.7.5.3

NOTE ► PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

ATTENTION: Summarize all shipments made to the
Hazardous Waste Management Facility you have identified
in Section G below. Additional pages are required for each
off-site management facility utilized.

SECTION F - REPORT IDENTIFICATION (AS SHOWN ON PART I)

1. FOR THE PERIOD ENDING (CHECK ONE & FILL IN YEAR)

☐ 9-30- (YEAR)

☐ 12-31- (YEAR)

☐ 3-31- (YEAR)

☒ 6-30- *96* (YEAR)

2. PAGE

2 OF *2*

SECTION G - FACILITY IDENTIFICATION

3. FACILITY NAME (NAME OF OFF-SITE LOCATION WHERE WASTE WAS DELIVERED)

Perma-Fix of Memphis, Inc

5. FACILITY SITE ADDRESS

901 E. Bodley Ave

CITY

Memphis

STATE

TN

ZIP CODE

38106

4. FACILITY'S EPA I.D. NUMBER

T.N.D.9.9.1.2.7.9.4.8.

6. FACILITY'S MISSOURI I.D. NUMBER

R.R.T.N.1.5

SECTION H - WASTE IDENTIFICATION

LINE	7. DESCRIPTION OF WASTE SHIPPED TO THE FACILITY LISTED ABOVE	8. EPA HAZARDOUS WASTE NUMBER	9. TAX CODE (SEE INST.)	10. TOTAL AMOUNT OF WASTE	11. UNIT OF MEAS.	12. SPECIFIC GRAVITY	13. FINAL HANDLING CODE
1	<i>St. H. Bottoms, waste Flammable Liquid methylene chloride, xylene, Toluene</i>	<i>D.0.C.1 / F.0.C.2 F.0.C.3 F.0.C.5</i>	<i>A</i>	<i>5509</i>	<i>P</i>	<i>:</i>	<i>T.5.C</i>
2	<i>WASTE Environmentally Hazardous substance</i>	<i>D.0.C.1 / F.0.C.3 F.0.C.2 F.0.C.5</i>		<i>4380</i>	<i>P</i>	<i>:</i>	<i>T.5.C</i>
3	<i>WASTE Flammable Liquid Acetone / water / Toluene</i>	<i>D.0.C.1 / F.0.C.5 F.0.C.3 . . .</i>		<i>41,094</i>	<i>P</i>	<i>:</i>	<i>T.5.C</i>
4	<i>Halogenated Hazardous Waste Liquid methylene chloride, 1,1,1 Trichloroethane</i>	<i>F.0.C.2</i>		<i>28,516</i>	<i>P</i>	<i>:</i>	<i>T.0.3</i>
5	<i>WASTE Flammable Liquid Acetone, MEK, Xylene</i>	<i>D.0.C.2 / F.0.C.5 F.0.C.3 . . .</i>		<i>57,137</i>	<i>P</i>	<i>:</i>	<i>T.5.C</i>
6		<i>.</i>				<i>:</i>	<i>. .</i>
7		<i>.</i>				<i>:</i>	<i>. .</i>
8		<i>.</i>				<i>:</i>	<i>. .</i>

SECTION I - TRANSPORTATION SERVICES UTILIZED

14. COMPANY NAME	15. MISSOURI ID NO.	16. US EPA I.D. NUMBER
<i>Perma-Fix of Memphis, Inc</i>	<i>H. . . 1.7.8.0</i>	<i>T.N.D.9.9.1.2.7.9.4.80</i>
	<i>H.</i>	<i>.</i>
	<i>H.</i>	<i>.</i>

SECTION J - COMMENTS

17.



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102
(314) 751-3176

FACILITY SUMMARY REPORT PART I

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
ENTER:

FACILITY NAME <i>Aerofil Technology, Inc</i>		
CONTACT PERSON (NAME) <i>Greg Krueger</i>		
SITE STREET ADDRESS (DO NOT ENTER P.O. BOX) <i>225 Industrial Park Dr</i>		
CITY <i>Sullivan</i>	STATE <i>MO</i>	ZIP CODE <i>63080</i>
FACILITY'S EPA I.D. NUMBER <i>M.O.D.98.1.7.2.2.7.2.6</i>		FACILITY'S MISSOURI I.D. NUMBER <i>0.1.0.7.5.3</i>

NOTE: THE FEDERAL EPA AND MISSOURI FACILITY I.D. NUMBERS ARE ASSIGNED EXCLUSIVELY TO THE SITE WHERE WASTE IS HANDLED. YOU MUST NOTIFY THE DEPARTMENT IF ADDRESS FOR THE FACILITY SITE CHANGES.

NOTE ► PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

SECTION A - REPORT IDENTIFICATION

IMPORTANT: ALL MISSOURI BASED FACILITIES THAT RECLAIM, TREAT, STORE, OR DISPOSE HAZARDOUS WASTE ON-SITE SHALL REPORT THE TYPE, QUANTITY AND HANDLING METHOD USED FOR EACH WASTE RECEIVED FROM ALL SOURCES. ALL FACILITIES MUST REPORT QUARTERLY.

1. FOR THE PERIOD ENDING (CHECK ONE & FILL IN YEAR)

- ☐ 9-30-____ (YEAR) ☐ 12-31-____ (YEAR)
☐ 3-31-____ (YEAR) ☒ 6-30-*96* (YEAR)

2. PAGE

1 OF *2*

SECTION B - FACILITY IDENTIFICATION

3. FACILITY NAME ☒ SAME AS LABEL

4. FACILITY CONTACT PERSON (NAME) ☒ SAME AS LABEL

TELEPHONE NUMBER

573-468-5551 x163

5. MAILING ADDRESS

SAME AS LABEL

CITY

STATE

ZIP CODE

6. PLANT SITE ADDRESS ☒ SAME AS LABEL

CITY

STATE

ZIP CODE

7. NAME OF PARENT FIRM

N/A

OFFICE USE ONLY

SECTION C - COMMENTS

8.

Resource Recovery Certification # R R 0470

Mailed cert for HAZ waste Feb 8/8/96

SECTION D - CERTIFICATION STATEMENT

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

PRINT NAME

GREG KRUEGER

SIGNATURE

[Signature]

DATE

1/1



HAZARDOUS WASTE PROGRAM
P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102
(314) 751-3176
**FACILITY SUMMARY REPORT
PART II**

BEFORE COPYING FORM, ENTER THE FACILITY NAME
IDENTIFICATION NUMBERS AS SHOWN ON PART I.

FACILITY NAME

Aero Fil Technology, Inc

FACILITY'S EPA
ID NUMBER

M.O.D. 9.8.1.7.2.2.7.6.2

FACILITY'S MISSOURI
I.D. NUMBER

0.1.0.7.5.3

NOTE ► PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

SECTION E - REPORT IDENTIFICATION (AS SHOWN ON PART I)

1. FOR THE PERIOD ENDING (CHECK ONE & FILL IN YEAR)

☐ 9-30-____ (YEAR) ☐ 12-31-____ (YEAR)
☐ 3-31-____ (YEAR) ☒ 6-30-*96* (YEAR)

2. PAGE

2 OF *2*

NOTE: SUMMARIZE THE AMOUNT OF WASTE RECEIVED AND HOW IT WAS HANDLED FROM AN INDIVIDUAL SOURCE ON THIS PAGE. ADDITIONAL PAGES NEED TO BE COMPLETED FOR EACH INDIVIDUAL SOURCE.

SECTION F - GENERATOR IDENTIFICATION (LIST THE SOURCE OF THE WASTE LISTED ON THIS PAGE)

3. GENERATOR'S NAME

Aero Fil Technology, Inc

4. IMPORTANT: IF THE WASTE IDENTIFIED ON THIS PAGE WAS BOTH GENERATED AND MANAGED ON-SITE - CHECK THIS BOX



5. GENERATOR'S U.S. EPA I.D. NUMBER

M.O.D. 9.8.1.7.2.2.7.6

6. GENERATOR'S ADDRESS

CITY

STATE

ZIP CODE

7. GENERATOR'S MISSOURI I.D. NUMBER

225 Industrial Park, Sullivan MO 63080

0.1.0.7.5.3

SECTION G - WASTE IDENTIFICATION

(SUMMARIZE THE AMOUNT OF WASTE FROM THE ABOVE LISTED GENERATOR AND HOW IT WAS HANDLED AT YOUR SITE)

LINE NUMBER	8. DESCRIPTION OF WASTE	9. DOT HAZARD CODE	10. EPA HAZARDOUS WASTE NUMBER	11. TOTAL AMOUNT OF WASTE	12. UNIT OF MEAS.	13. SPECIFIC GRAVITY	14. HANDLING CODE	
							INTERIM	FINAL
1	<i>Hexane</i>	.	<i>D.0.0.1</i>	<i>10,650</i>	<i>P</i>	.	.	<i>T.S.</i>
2	<i>Acetone</i>	.	<i>D.0.0.1</i> <i>F.0.0.3</i>	<i>1844</i>	<i>P</i>	.	.	<i>T.S.</i>
3	<i>Methylene Chloride</i>	.	<i>F.0.0.2</i>	<i>4776</i>	<i>P</i>	.	.	<i>T.S.</i>
4		.				.	.	
5		.				.	.	
6		.				.	.	
7		.				.	.	
8		.				.	.	

SECTION H - COMMENTS

15.

All of the above listed waste were generated on-site from line flushing and prep material used in the packaging of specialty chemicals and aerosols.



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102
(314) 751-3176

FACILITY SUMMARY REPORT PART I

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL C
ENTER:

FACILITY NAME <i>Aero Fil Technology, Inc</i>		
CONTACT PERSON (NAME) <i>GREG KRUEGER</i>		
SITE STREET ADDRESS (DO NOT ENTER P.O. BOX) <i>225 Industrial Park Drive</i>		
CITY <i>Sullivan</i>	STATE <i>MO</i>	ZIP CODE <i>63080</i>
FACILITY'S EPA I.D. NUMBER <i>MO.D.9.8.1.7.2.2.72.6</i>		FACILITY'S MISSOURI I.D. NUMBER <i>0.1.0.7.5.3</i>
NOTE: THE FEDERAL EPA AND MISSOURI FACILITY I.D. NUMBERS ARE ASSIGNED EXCLUSIVELY TO THE SITE WHERE WASTE IS HANDLED. YOU MUST NOTIFY THE DEPARTMENT IF THE ADDRESS FOR THE FACILITY SITE CHANGES.		

NOTE ► PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

SECTION A - REPORT IDENTIFICATION

IMPORTANT: ALL MISSOURI BASED FACILITIES THAT RECLAIM, TREAT, STORE, OR DISPOSE HAZARDOUS WASTE ON-SITE SHALL REPORT THE TYPE, QUANTITY AND HANDLING METHOD USED FOR EACH WASTE RECEIVED FROM ALL SOURCES. ALL FACILITIES MUST REPORT QUARTERLY.

1. FOR THE PERIOD ENDING (CHECK ONE & FILL IN YEAR)

2. PAGE

☐ 9-30-____ (YEAR) ☐ 12-31-____ (YEAR)

☒ 3-31-96 (YEAR) ☐ 6-30-____ (YEAR)

1 OF 2

SECTION B - FACILITY IDENTIFICATION

3. FACILITY NAME ☒ SAME AS LABEL

4. FACILITY CONTACT PERSON (NAME) ☒ SAME AS LABEL

TELEPHONE NUMBER

573-468-5551 x163

5. MAILING ADDRESS

SAME AS LABEL

CITY

STATE

ZIP CODE

6. PLANT SITE ADDRESS ☒ SAME AS LABEL

CITY

STATE

ZIP CODE

7. NAME OF PARENT FIRM

N/A

OFFICE USE ONLY

SECTION C - COMMENTS

8.

Resource Recovery Certification # RR 0470

*Mailed
Cert. Filed
w/ HAZ. waste
Report
5/14/96*

SECTION D - CERTIFICATION STATEMENT

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

PRINT NAME

GREG KRUEGER

SIGNATURE

[Signature]

DATE

5/14/96



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102
(314) 751-3176
**FACILITY SUMMARY REPORT
PART II**

BEFORE COPYING FORM, ENTER THE FACILITY NAME & IDENTIFICATION NUMBERS AS SHOWN ON PART I.

FACILITY NAME

Aero Fil Technology, Inc

FACILITY'S EPA
ID NUMBER

M.O.D. 9.8.1.7.2.2.7.6.2

FACILITY'S MISSOURI
I.D. NUMBER

0.1.0.7.5.3

NOTE ► PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

SECTION E - REPORT IDENTIFICATION (AS SHOWN ON PART I)

1. FOR THE PERIOD ENDING (CHECK ONE & FILL IN YEAR)

☐ 9-30- ____ (YEAR) ☐ 12-31- ____ (YEAR)
☒ 3-31- *96* (YEAR) ☐ 6-30- ____ (YEAR)

2. PAGE

2 OF *2*

NOTE: SUMMARIZE THE AMOUNT OF WASTE RECEIVED AND HOW IT WAS HANDLED FROM AN INDIVIDUAL SOURCE ON THIS PAGE. ADDITIONAL PAGES NEED TO BE COMPLETED FOR EACH INDIVIDUAL SOURCE.

SECTION F - GENERATOR IDENTIFICATION (LIST THE SOURCE OF THE WASTE LISTED ON THIS PAGE)

3. GENERATOR'S NAME

Aero Fil Technology, Inc

4. IMPORTANT: IF THE WASTE IDENTIFIED ON THIS PAGE WAS BOTH GENERATED AND MANAGED ON-SITE - CHECK THIS BOX ☒

5. GENERATOR'S U.S. EPA I.D. NUMBER

M.O.D. 9.8.1.7.2.2.7.6

6. GENERATOR'S ADDRESS

CITY

STATE

ZIP CODE

7. GENERATOR'S MISSOURI I.D. NUMBER

225 Industrial Park Drive, Sullivan MO 65080

01.07.5.3

SECTION G - WASTE IDENTIFICATION

(SUMMARIZE THE AMOUNT OF WASTE FROM THE ABOVE LISTED GENERATOR AND HOW IT WAS HANDLED AT YOUR SITE)

LINE	8. DESCRIPTION OF WASTE	9. DOT HAZARD CODE	10. EPA HAZARDOUS WASTE NUMBER		11. TOTAL AMOUNT OF WASTE	12. UNIT OF MEAS.	13. SPECIFIC GRAVITY	14. HANDLING CODE	
								INTERIM	FINAL
1	<i>Hexane</i>	.	<i>D.0.0.1</i>	.	<i>12,083</i>	<i>P</i>	.	.	<i>T.5.</i>
2	<i>Acetone</i>	.	<i>D.0.0.1</i>	.	<i>11,436</i>	<i>P</i>	.	.	<i>T.5.</i>
3	<i>Methylene Chloride</i>	.	<i>F.0.0.2</i>	.	<i>9,390</i>	<i>P</i>	.	.	<i>T.5.</i>
4		.	.	.			.	.	.
5		.	.	.			.	.	.
6		.	.	.			.	.	.
7		.	.	.			.	.	.
8		.	.	.			.	.	.

SECTION H - COMMENTS

15.

all of the above listed waste were generated on-site from line flushing and prep material used in the packaging of specialty chemicals and aerosols.

SOLVENT RECOVERY LOG SHEET

9/21/94

DATE	DESCRIPTION OF WASTE	SOLVENT RECOVERED	VAPOR TEMPERATURE	OIL TEMPERATURE	INITIAL WEIGHT	RECOVERED WEIGHT	CYCLE TIME
3-28-96	Line flush	ACE	170	230	361	269	90
3-29-96	Line flush	M/C	215	275	421	421	0
4-1-96	LINE FLUSH	ACE	180	240	397	262	131
4-2-96	Line flush	ACE	180	240	399	341	51
4-3-96	LINE FLUSH	HEX	210	270	305	194	111
4-5-96	LINE FLUSH	ACE	180	240	376	352	24
4-5-96	LINE FLUSH	ACE	180	240	302	144	149
4-8-96	Line flush	Hex	210	270	330	222	108
4-9-96	LINE FLUSH	Hex	210	270	357	277	76
4-14-96	Line flush	Hex	210	270	371	245	122
4-15-96	LINE FLUSH	ACE	180	240	370		
4-18-96	LINE FLUSH	M/C	215	275		559	26
4-18-96	LINE FLUSH	HEX	210	270	302	278	18
4-19-96	LINE FLUSH	M/C	215	275		505	
4-22-96	LINE FLUSH	HEX	210	270	347		
4-24-96	LINE FLUSH	M/C	215	275		549	0
4-24-96	LINE FLUSH	HEX	210	270	361	210	148
4-30-96	Line flush	Hex	210	270	380	198	170
5-1-96	Line flush	Hex	210	270	372	321	39
5-3-96	Line flush	Hex	210	270	364	285	53
5-6-96	Line flush	Hex	210	270	368	310	55
5-8-96	Line flush	Hex	210	270	371	294	65
5-9-96	Line flush	Hex	210	270	391	340	46
5-10-96	Line flush	Hex	210	270	373	304	65
5-13-96	Line flush	M/C	215	280	532	516	15
5-14-96	Line flush	Hex	210	270	332	271	61
5-14-96	Line flush	Hex	210	270	332	269	54
5-15-96	Line flush	M/C	215	285	447	408	29
5-20-96	Line flush	Hex	210	270	381	194	161
5-23-96	Line flush	Hex	210	270	340	216	124
5-24-96	Line flush	Hex	210	270	362	301	56

SOLVENT RECOVERY LOG SHEET

[illegible]

SOLVENT RECOVERY LOG SHEET

120

Date	Description Of Waste	Solvent Recovered	Vapor Temperature	Oil Temperature	Initial Weight	Recovered Weight	Still Bottom Wt
8-8-96	FLUSH OUT	Hexane	210	270	304	225	74
8-8-96	FLUSH OUT	Hex	210	270	351	301	48
8-12-96	FLUSH OUT	MC	215	275	416	310	95
8-13-96	FLUSH OUT	HEX	210	270	360	281	31
8-14-96	FLUSH OUT	HEX.	210	270	305	270	26
8-16-96	FLUSH OUT	METH	215	275	604	549	55
8-16-96	FLUSH OUT	METH	215	275	604	541	32
9-3-96	FLUSH OUT	HEX	210	270	305	251	43
9-6-96	Flush out	MC	215	275	581	491	60
9-12-96	Flush out	Hex	210	270	336	253	74
9-25-96	Flush out	Hex	210	270	310	221	78
9-26-96	Flush out	Hex	210	270	342	280	51
10-9-96	FLUSH OUT	HEX	210	270	305	253	32
10-14-96	FLUSH OUT	HEX	210	270	305	150	35
10-18-96	FLUSH OUT	HEX	210	270	305	200	40
10-18-96	FLUSH OUT	HEX	210	270	305		32
10-23-96	Flush out	HEX	210	270	330	220	96
10-24-96	Flushout	Hex	210	270	315	220	81
10-24-96	Flushout	Hex	210	270	324	200	90
10-28-96	Flushout	Hex	210	270	318	230	85
10-28-96	Flushout	Hex	210	270	280	212	64
10-29-96	Flushout	Hex	210	270	284	230	31
10-29-96	Flushout	Hex	210	270	304	309	21
10-30-96	Flushout	Hex	210	270	293	230	52
10-30-96	Flushout	Hex	210	270	336	274	67
10-31-96	Flushout	Hex	210	270	292	245	33
11-1-96	Flushout	Hex	210	270	301	260	35
11-4-96	Flushout	Hex	210	270	360	295	51
11-5-96	Flushout	AC	170	230	316	290	96
11-6-96	Flushout	Acetone	170	230	359	224	120
11-7-96	Flushout	Hex	210	270	332	250	61

ATI-091

04/16/96

92H

SOLVENT LOG TO BE RECLAIMED

Drum #	Date	Description	Location	Date Reclaimed	Comments
1	5-9-95	Acetone	AFA 106		
2	2-1-96	Acetone	AFA 106		
3	2-22-96	Acetone	AFA 106		
4	3-29-96	Acetone	AFA 106		
5	5-12-96	Acetone	AFA 106		
6	6-21-96	Hexane	AFA 106		
7	6-29-96	Hexane	AFA 106		
8	6-29-96	Hexane	AFA 106		
9	11-8-96	Hexane	AFA 106		
10	11-7-96	Hexane	AFA 106		
11	11-7-96	Hexane	AFA 106		
12	11-7-96	Hexane	AFA 106		
13	11-7-96	Hexane	AFA 106		
14	11-8-96	Hexane	AFA 106		
15	11-8-96	Hexane	AFA 106		
16	11-8-96	Hexane	AFA 106		
17	11-8-96	Hexane	AFA 106		
18	11-8-96	Hexane	AFA 106		
19	11-8-96	Hexane	AFA 106		
20	4-11-8	Hexane	AFA 106		
21	11-8-96	Hexane	AFA 106		
22	11-8-96	Hexane	AFA 105		
23	11-8-96	Hexane	AFA 105		
24	11-8-96	Hexane	AFA 105		
25	11-8-96	Hexane	AFA 105		
26	11-8-96	Hexane	AFA 105		
27	11-8-96	Hexane	AFA 105		
28	11-8-96	Hexane	AFA 105		
29	11-8-96	Hexane	AFA 105		
30	11-8-96	Hexane	AFA 105		
31	11-8-96	Hexane	AFA 105		
32	11-8-96	Hexane	AFA 105		
33	11-8-96	Hexane	AFA 105		
34	11-8-96	Hexane	AFA 105		
35	11-8-96	Hexane	AFA 105		

SOLVENT LOG TO BE RECLAIMED

Drum #	Date	Description	Location	Date Reclaimed	Comments
36	11-8-96	Hexane	AFA 105		
37	11-8-96	Hexane	AFA 105		
38	11-8-96	Hexane	AFA 105		
39	11-8-96	Hexane	AFA 105		
40	11-8-96	Hexane	AFA 105		
41	11-8-96	Hexane	AFA 105		
42	11-8-96	Hexane	AFA 105		
43	11-8-96	Hexane	AFA 105		
44	11-8-96	Hexane	AFA 105		
45	11-8-96	Hexane	AFA 105		
46	11-8-96	Hexane	AFA 105		
47	11-8-96	Hexane	AFA 105		
48	11-8-96	Hexane	AFA 105		
49	11-8-96	Hexane	AFA 105		
50	11-8-96	Hexane	AFA 105		
51	11-8-96	Hexane	AFA 105		
52	11-8-96	Hexane	AFA 105		
53	11-8-96	Hexane	AFA 105		Total Hexane - 49 drums
54	11-8-96	Acetone	AFA 201		
55	11-8-96	Acetone	AFA 201		
56	11-8-96	Acetone	AFA 201		
57	11-8-96	Acetone	AFA 201		
58	11-8-96	Acetone	AFA 201		
59	11-8-96	Acetone	AFA 201		
60	11-8-96	Acetone	AFA 201		
61	11-8-96	Acetone	AFA 201		
62	11-8-96	Acetone	AFA 201		
63	11-8-96	Acetone	AFA 201		
64	11-8-96	Acetone	AFA 201		
65	11-8-96	Acetone	AFA 201		
66	11-8-96	Acetone	AFA 201		
67	11-8-96	Acetone	AFA 201		
68	11-8-96	Acetone	AFA 201		
69	11-8-96	Acetone	AFA 201		
70	11-8-96	Acetone	AFA 201		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102
(314) 751-3176

AEROFIL TECHNOLOGY, INC.
CONTACT: ~~MARY FORTIN~~ Mike Manton
225 INDUSTRIAL PARK DRIVE
SULLIVAN MO 63080
*
EPA ID=MOD981722762 MO ID=010753

GENERATOR'S HAZARDOUS WASTE SUMMARY REPORT - PART I

GENERATOR'S EPA ID NUMBER

MO.D.9.8.1.7.2.2.7.62

GENERATOR'S MISSOURI ID NUMBER

0.1.0.7.5.3

NOTE: THE FEDERAL EPA AND MISSOURI GENERATOR ID. NUMBERS ARE ASSIGNED EXCLUSIVELY TO THE SITE WHERE WASTE IS PRODUCED. YOU MUST NOTIFY THE DEPARTMENT IF THE ADDRESS FOR THE SITE OF GENERATION CHANGES.

NOTE ► PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

SECTION A - REPORT IDENTIFICATION

1. TYPE OF REPORT (CHECK ONE)

☒ QUARTERLY ☐ ANNUAL

(IF ANNUAL CHECKED, PLACE X IN 6-30 BOX)

2. FOR THE PERIOD ENDING (CHECK ONE & FILL IN YEAR)

☐ 9-30- ____ (YEAR)

☒ 12-31- 92 (YEAR)

☐ 3-31- ____ (YEAR)

☐ 6-30- ____ (YEAR)

3. PAGE

1 OF 2

SECTION B - GENERATOR IDENTIFICATION

NOTE: Any change in either the mailing or site address from previous reports requires renotification to the Department.

1. GENERATOR'S NAME ☒ SAME AS LABEL

2. GENERATOR CONTACT PERSON (NAME) ☐ SAME AS LABEL

Mike Morton

TELEPHONE NUMBER

(314) 468-5551

3. MAILING ADDRESS

CITY

STATE

ZIP CODE

225 Industrial Park Drive

Sullivan

MO

63080

4. PLANT SITE ADDRESS ☒ SAME AS LABEL

CITY

STATE

ZIP CODE

5. NAME OF PARENT FIRM

OFFICE USE ONLY

SECTION C - STATUS OF WASTE GENERATED (CHECK ONE)

6. ☒ SHIPPED OFF-SITE. Complete part 2, attach completed hazardous waste manifests, sign certification and transmit to the department.

10.

☐ REPORTABLE QUANTITY NOT GENERATED. Sign certification and transmit to the department. (Do not complete Part 2)

11.

☐ REPORTABLE QUANTITY GENERATED BUT NOT SHIPPED OFF-SITE THIS QUARTER. Sign certification and transmit to the department. (Do not complete Part 2).

SECTION D - COMMENTS

SECTION E - CERTIFICATION STATEMENT

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

REPORT NAME

SIGNATURE

DATE

Michael D M. L.

Michael D Morton

1/19/93



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102
(314) 751-3176
**GENERATOR'S HAZARDOUS WASTE
REPORT SUMMARY SHEET - PART II**

**BEFORE COPYING FORM, ENTER THE GENERATOR'S NAME
AND IDENTIFICATION NUMBERS AS SHOWN ON PART I.**

GENERATOR NAME

Aerofil, Technology, Inc.

EPA ID NUMBER

M.O.D.9.8.1.7.2.27.62

MISSOURI I.D. NUMBER

0.1.0.7.5.3

NOTE ▶ PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

ATTENTION: Summarize all shipments made to the Hazardous Waste Management Facility you have identified in Section G below. Additional pages are required for each off-site management facility utilized.

SECTION F - REPORT IDENTIFICATION (AS SHOWN ON PART I)

1. FOR THE PERIOD ENDING (CHECK ONE & FILL IN YEAR)

☐ 9-30- ____ (YEAR) ☒ 12-31- *12* (YEAR)
☐ 3-31- ____ (YEAR) ☐ 6-30- ____ (YEAR)

2. PAGE

2 OF *2*

SECTION G - FACILITY IDENTIFICATION

3. FACILITY NAME (NAME OF OFF-SITE LOCATION WHERE WASTE WAS DELIVERED)

American Resource Recovery

5. FACILITY SITE ADDRESS

901 Bradley

CITY

Memphis

STATE

TN

ZIP CODE

38106

4. FACILITY'S EPA I.D. NUMBER

T.N.D.9.9.1.2.7.9.4.8.0

6. FACILITY'S MISSOURI I.D. NUMBER

SECTION H - WASTE IDENTIFICATION

L I N E	7. DESCRIPTION OF WASTE SHIPPED TO THE FACILITY LISTED ABOVE	8. DOT HAZARD CODE	9. EPA HAZARDOUS WASTE NUMBER	10. TAX CODE (SEE INST.)	11. TOTAL AMOUNT OF WASTE	12. UNIT OF MEAS.	13. SPECIFIC GRAVITY	14. FINAL HANDLING CODE
1	<i>100 lbs. Waste ORM-A N.O.S. 1,1,1-Trichloroethane, NA1693</i>	.	<i>F.0.0.2</i>		<i>19,473</i>	<i>P</i>	<i>.</i>	<i>T.5.0</i>
2	<i>Waste Flammable Liquid, N.O.S. Hexane/Acetone/1,1,1-Trichloroethane, UN1993</i>	.	<i>D.0.0.1 F.0.0.2 F.0.0.3</i>		<i>19,838</i>	<i>P</i>	<i>.</i>	<i>T.5.0</i>
3	<i>Waste ORM-A (Solid) N.O.S. 1,1,1-Trichloroethane NA1693</i>	.	<i>4.2.2.6</i>		<i>552</i>	<i>P</i>	<i>.</i>	<i>T.5.0</i>
4	<i>Waste Water (DOT non-hazardous and EPA non-regulated)</i>	.	<i>N.H.</i>		<i>5,836</i>	<i>P</i>	<i>.</i>	<i>T.5.0</i>
5		.					<i>.</i>	<i>.</i>
6		.					<i>.</i>	<i>.</i>
7		.					<i>.</i>	<i>.</i>
8		.					<i>.</i>	<i>.</i>

SECTION I - TRANSPORTATION SERVICES UTILIZED

15. COMPANY NAME	16. MISSOURI ID NO.	17. US EPA I.D. NUMBER
<i>a</i>	<i>H.</i>	<i>.</i>
<i>b</i>	<i>H.</i>	<i>.</i>
<i>c</i>	<i>H.</i>	<i>.</i>

SECTION J - COMMENTS

18.

INSTRUCTIONS FOR THE USER
SECTION OF THIS FORM ARE IN
SEPARATE SHEET

THIS DOCUMENT MUST BE USED
ON ALL HAZARDOUS WASTE
MANIFESTS

MISSOURI DEPARTMENT OF NATURAL RESOURCES

Division of Environmental Quality

Hazardous Waste Program

P.O. Box 176 Jefferson City, Missouri 65102

314-751-3176

HAZARDOUS WASTE MANIFEST

EMERGENCY RESPONSE

U.S. COAST GUARD

1-800-424-6622

CHEM TREC

1-800-424-6300

DEPT. OF NATURAL RESOURCES

314-751-3176

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No 2050-0039, Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is required by State law.	
3. Generator's Name and Mailing Address Aerofil Technology, Inc. 225 Industrial Park Drive 4. Generator's Phone (314) 468-5551		Sullivan, Missouri 63080 contact: Mark Forthaus		A. Missouri Manifest Document Number 0 1 0 7 5 3 0 0 4 0		
5. Transporter 1 Company Name American Resource Recovery		6. US EPA ID Number T, N, D, 9, 9, 1, 2, 7, 9, 4, 8, 0		C. MO. Trans. ID H-1780		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 901-774-2340		
9. Designated Facility Name and Site Address American Resource Recovery Corporation 901 East Bodley Memphis, Tennessee 38106		10. US EPA ID Number T, N, D, 9, 9, 1, 2, 7, 9, 4, 8, 0		E. MO. Trans. ID F. Transporter's Phone G. State Facility's ID RRTN15 H. Facility's Phone 901-774-2340		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers Number	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Waste ORM-A, N.O.S. (1,1,1,Trichloroethane) NA1693 (E.P.A.-F002) "RQ" 10 LBS		008	DM	03,387	P	EPA WASTE CODE F 1 0 1 0 1 2 STATE N O N E
b. Waste Flammable Liquid, N.O.S. (Hexane, Acetone, 1,1,1, Trichloroethane) UN1993 (E.P.A.-D001, F002, F003) "RQ" 10 LBS		021	DM	05,158	P	EPA WASTE CODE D 1 0 1 0 1 1 STATE N O N E
c.						EPA WASTE CODE STATE
d.						EPA WASTE CODE STATE
J. Additional Descriptions for Materials Listed Above		HANDLING CODE (FACILITY USE ONLY)				
a. #00406MO E.R.G. #5817-30gal, 2-30gal, 6-55gal		INTERIM FINAL COMMENTS				
b. #04253MO E.R.G. #2717-30gal, 2-30gal, 6-55gal		a. S I O I T I S I O				
c.		b.				
d.		c.				
15. Special Handling Instructions and Additional Information		If undeliverable return to generator.. Emergency Contact N.R.C. at 1-800-424-8802.				
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.						
Printed/Typed Name BARBARA J. BLACK		Signature Barbara J. Black		Month Day Year 10 12 92		
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name J E F BRANDEK SR		Signature Joe Brandek		Month Day Year 10 12 92
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature		Month Day Year
19. Discrepancy Indication Space						
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name Alison ...		Signature Alison ...		Month Day Year 10 12 92		

MISSOURI DNR FINAL COPY

GENERATOR'S CERTIFICATION

GENERATOR

TRANSPORTER

FACILITY

HAZARDOUS WASTE MANIFEST

EMERGENCY RESPONSE
U.S. COAST GUARD
1-800-424-8602
CHEM TREC
1-800-424-9300
DEPT OF NATURAL RES. P.O.
116,013,0475

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No 2050-0039, Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.		Manifest Document No.		2. Page		Information in the shaded areas is required by State law.	
3. Generator's Name and Mailing Address		MO: D 98: 1 72: 2 76: 2 00: 0 44		A. Missouri Manifest Document Number		0 1 0 7 5 3 0 0 4 4		B. G.S.I. (Gen. Site Address)	
AEROFIL TECHNOLOGY, INC. 225 INDUSTRIAL PARK DRIVE SULLIVAN, MO 63080		4. Generator's Phone (314 468-5551 CONTACT: MIKE MORTON		6. US EPA ID Number		TND991279480		C. MO. Trans. ID H-178050828357	
5. Transporter 1 Company Name		7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone		901-774-2340	
AMERICAN RESOURCE RECOVERY		AMERICAN RESOURCE RECOVERY CORPORATION		9. Designated Facility Name and Site Address		10. US EPA ID Number		TND991279480	
901 EAST BODLEY		MEMPHIS, TN 38106		G. State Facility's ID		RRTN15		H. Facility's Phone	
901-774-2340		11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity		14. Unit Wt/Vol.	
WASTE FLAMMABLE LIQUID, N.O.S. (HEXANE, ACETONE, 1,1,1-TRICHLOROETHANE) UN1993 (E.P.A.-D001, F003, F002) "RQ" 10 LBS		12. Containers		13. Total Quantity		14. Unit Wt/Vol.		1. Waste No.	
WASTE ORM-A, N.O.S. (1,1,1-TRICHLOROETHANE) NA1693 (E.P.A.-F002) "RQ" 10 LBS		12. Containers		13. Total Quantity		14. Unit Wt/Vol.		1. Waste No.	
WASTE ORM-A SOLID, N.O.S. (1,1,1-TRICHLOROETHANE) NA1693 (E.P.A.-U226) "RQ" 1000 LBS		12. Containers		13. Total Quantity		14. Unit Wt/Vol.		1. Waste No.	
J. Additional Descriptions for Materials Listed Above		K. HANDLING CODE (FACILITY USE ONLY)		INTERIM		FINAL		COMMENTS	
a. #04253MO F003, F002		E.R.G. #27		3 0 1		T 5 0			
b. #00406MO		E.R.G. #58		3 0 1		T 5 0			
c. #04460MO		E.R.G. #58		3 0 1					
15. Special Handling Instructions and Additional Information		IF UNDELIVERABLE RETURN TO GENERATOR. IN EVENT OF FIRE, SPILL OR OTHER EMERGENCY IT MAY BE NECESSARY TO CONTACT N.R.C. AT 1-800-424-8802.		16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations.		17. Transporter 1 Acknowledgement of Receipt of Materials		18. Transporter 2 Acknowledgement of Receipt of Materials	
Printed/Typed Name		Signature		Month		Day		Year	
MARK FORTHAUS - AEROFIL		Mark Forthaus		11		21		92	
Printed/Typed Name		Signature		Month		Day		Year	
TOM KING		Tom King		11		21		92	
Printed/Typed Name		Signature		Month		Day		Year	
NORINE WARBURST FOR ARRC		Norine Warburst		11		21		92	
19. Discrepancy Indication Space		20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.		Date		Month		Day	
						11		21	
						4		92	

MISSOURI DMR FINAL COPY -- PART 1

... shall be held subject to the jurisdiction of the designated

INSTRUCTIONS FOR THE COMPLETION OF THIS FORM ARE ON A SEPARATE SHEET

THIS DOCUMENT MUST BE USED FOR ALL MISSOURI-DESTINED SHIPMENTS

MISSOURI DEPARTMENT OF NATURAL RESOURCES

Division of Environmental Quality

Hazardous Waste Program

P.O. Box 176 Jefferson City, Missouri 65102
314-751-3176

EMERGENCY RESPONSE
U.S. COAST GUARD
1-800-424-6802
CHEM TREC
1-800-424-9300
DEPT. OF NATURAL RESOURCES
314-751-2426

HAZARDOUS WASTE MANIFEST

Form Approved OMB No 2050-0039, Expires 9-30-94

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page of	Information in the shaded areas is required by State law.	
3. Generator's Name and Mailing Address		A. Missouri Manifest Document Number		B. G.S.I. (Gen. Site Address)		
AEROFIL TECHNOLOGY, INC. 225 INDUSTRIAL PARK DR. SULLIVAN, MO 63080		MOD981720762		0 1 0 7 5 3 1 0 0 4 3		
4. Generator's Phone (314) 468-5551 CONTACT: MIKE MORTON		6. US EPA ID Number		C. MO. Trans. ID H-1780 V-17857		
5. Transporter 1 Company Name		7. Transporter 2 Company Name		D. Transporter's Phone		
AMERICAN RESOURCE RECOVERY		TND991279480		E. MO. Trans. ID		
9. Designated Facility Name and Site Address		10. US EPA ID Number		F. Transporter's Phone		
AMERICAN RESOURCE RECOVERY CORPORATION 901 EAST BODLEY MEMPHIS, TN 38106		TND991279480		G. State Facility's ID RRTN15		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity		14. Unit Wt/Vol.
WASTE FLAMMABLE LIQUID, N.O.S. (HEXANE, ACETONE, 1,1,1-TRICHLOROETHANE) UN1993 (E.P.A.-D001, F003, F002) "RQ" 10 LBS		Number Type		00.6 DM		21.64 P
WASTE ORM-A, N.O.S. (1,1,1-TRICHLOROETHANE) NA1693 (E.P.A.-F002) "RQ" 10 LBS		00.4 DM		01.99.6 P		
WASTE WATER (D.O.T. NON-HAZARDOUS AND E.P.A. NON-REGULATED)		00.7 DM		03.032 P		
WASTE ORM-A SOLID, N.O.S. (1,1,1-TRICHLOROETHANE) NA1693 (E.P.A.-U226) "RQ" 1000 LBS		00.0 DM		00.000 P		
J. Additional Descriptions for Materials Listed Above		K. HANDLING CODE (IF FACILITY USE ONLY)		COMMENTS		
#04253MO E.R.G. #27 F002, F003		a. S 0 1 T 5 1 0				
#00406MO E.R.G. #58		b. S 0 1 T 5 1 0				
#05140MO		c. S 0 1 T 5 1 0				
#04460MO E.R.G. #58		d. S 0 1				
15. Special Handling Instructions and Additional Information						
IF UNDELIVERABLE RETURN TO GENERATOR. IN EVENT OF FIRE, SPILL OR OTHER EMERGENCY IT MAY BE NECESSARY TO CONTACT N.R.C. AT 1-800-424-8802.						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.						
Printed/Typed Name		Signature		Month Day Year		
Michael Morton		Michael R. Morton		1/11/92		
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Date		
Wayne Hill		Wayne Hill		1/11/92		
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Date		
19. Discrepancy Indication Space						
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name		Signature		Month Day Year		
Narine Warhurst for ARRC 10:30		Narine Warhurst		1/11/92		

GENERATOR

TRANSPORTER

FACILITY

MISSOURI DNR FINAL COPY - PART 1

TO THE GENERATOR BY THE DESIGNATED

MISSOURI DEPARTMENT OF NATURAL RESOURCES

Division of Environmental Quality

Hazardous Waste Program

P.O. Box 176 Jefferson City, Missouri 65102
314-751-3176

EMERGENCY RESPONSE

U.S. COAST GUARD

1-800-424-6802

CHEM TREC

1-800-424-9300

DEPT. OF NATURAL RESOURCE

1-4-524-2436

HAZARDOUS WASTE MANIFEST

INSTRUCTIONS FOR THE COM-
PLETION OF THIS FORM ARE ON A
SEPARATE SHEETTHIS DOCUMENT MUST BE USED
FOR ALL MISSOURI-DESTINED
SHIPMENTS.

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No 2050-0039, Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. MOD981722762	Manifest Document No. d0042	2. Page 1 of 1	Information in the shaded areas is required by State law.		
3. Generator's Name and Mailing Address AEROFIL TECHNOLOGY, INC. 255 INDUSTRIAL PARK DR. SULLIVAN, MO 63080				A. Missouri Manifest Document Number 0107531-0042			
4. Generator's Phone (314 468-5551) CONTACT: MARK FORTHAUS				B. G.S.I. (Gen. Site Address) SAME			
5. Transporter 1 Company Name AMERICAN RESOURCE RECOVERY				C. MO. Trans. ID H-1780/508283			
6. US EPA ID Number TND991279480				D. Transporter's Phone 901-774-2340			
7. Transporter 2 Company Name				E. MO. Trans. ID			
8. US EPA ID Number				F. Transporter's Phone			
9. Designated Facility Name and Site Address AMERICAN RESOURCE RECOVERY CORPORATION 901 EAST BODLEY MEMPHIS, TN 38106				G. State Facility's ID RRTN15			
10. US EPA ID Number TND991279480				H. Facility's Phone 901-774-2340			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers Number Type	13. Total Quantity	14. Unit Wt/Vol.	15. Waste No.
WASTE FLAMMABLE LIQUID, N.O.S. (HEXANE, ACETONE, 1,1,1-TRICHLOROETHANE) UN1993 (E.P.A.-D001, F002, F003) "RQ" 10 LBS				23 DM	8324	P	EPA WASTE CODE D001 STATE NONE
WASTE ORM-A, N.O.S. (1,1,1-TRICHLOROETHANE) na1693 (E.P.A.- F002) "RQ" 10 LBS				023 DM	11545	P	EPA WASTE CODE F002 STATE NONE
WASTE ORM-A, SOLID, N.O.S. (1,1,1-TRICHLOROETHANE) na1693 (E.P.A.-U226) "RQ" 1000 LBS				004 DM	00552	P	EPA WASTE CODE U226 STATE NONE
d. Waste Water (D.O.T. Non-Hazardous and E.P.A Non-Regulated)				008 DM	02804	P	EPA WASTE CODE NONE STATE NONE
J. Additional Descriptions for Materials Listed Above				K. HANDLING CODE (FACILITY USE ONLY) INTERIM FINAL COMMENTS			
#04253MO K.R.G. #27 F002, F003 2=30gal				a	501	T510	
#00406MO K.R.G. #58				b	501	T510	
#04460MO K.R.G. #58 1=30gal				c	501	T1013	
#04460MO 4=30gal				d	501	T510	
15. Special Handling Instructions and Additional Information IF UNDELIVERABLE RETURN TO GENERATOR. IN EVENT OF FIRE, SPILL OR OTHER EMERGENCY IT MAY BE NECESSARY TO CONTACT N.R.C. AT 1-800-424-8802.							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.							
Printed/Typed Name Michael R. Morton				Signature Michael R. Morton		Month Day Year 11/03/93	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Clifford Woods				Signature Clifford Woods		Month Day Year 11/03/93	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name				Signature		Month Day Year	
19. Discrepancy Indication Space Line 11A. - COUNT CHANGED PER GENERATOR'S W, MM							
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.							
Printed/Typed Name Narine Warhurst for ARRC 12:00				Signature Narine Warhurst		Month Day Year 11/05/93	



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102
(314) 751-3176

AEROFIL TECHNOLOGY, INC.
CONTACT: ~~BARBARA BLACK~~ Mike Morton
225 INDUSTRIAL PARK DR.
SULLIVAN MO 63080

*

EPA ID=MOD981722762 MO ID=010753

GENERATOR'S HAZARDOUS WASTE SUMMARY REPORT - PART I

GENERATOR'S EPA I.D. NUMBER	GENERATOR'S MISSOURI I.D. NUMBER
M.O.D.9.8.1.7.2.2.7.6.2	0.1.0.7.5.3
NOTE: THE FEDERAL EPA AND MISSOURI GENERATOR I.D. NUMBERS ARE ASSIGNED EXCLUSIVELY TO THE SITE WHERE WASTE IS PRODUCED. YOU MUST NOTIFY THE DEPARTMENT IF THE ADDRESS FOR THE SITE OF GENERATION CHANGES.	

NOTE ► PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

SECTION A - REPORT IDENTIFICATION

1. TYPE OF REPORT (CHECK ONE)

☒ QUARTERLY ☐ ANNUAL

(IF ANNUAL CHECKED, PLACE X IN 6-30 BOX)

2. FOR THE PERIOD ENDING (CHECK ONE & FILL IN YEAR)

☒ 9-30-92 (YEAR) ☐ 12-31-____ (YEAR)

☐ 3-31-____ (YEAR) ☐ 6-30-____ (YEAR)

3. PAGE

1 OF 2

SECTION B - GENERATOR IDENTIFICATION

NOTE: Any change in either the mailing or site address from previous reports requires renotification to the Department.

4. GENERATOR'S NAME ☐ SAME AS LABEL

5. GENERATOR CONTACT PERSON (NAME) ☐ SAME AS LABEL

Mike Morton

TELEPHONE NUMBER

(314) 468-5551

6. MAILING ADDRESS

225 Industrial Park Drive

CITY

Sullivan

STATE

MO

ZIP CODE

63080

7. PLANT SITE ADDRESS ☒ SAME AS LABEL

CITY

STATE

ZIP CODE

8. NAME OF PARENT FIRM

OFFICE USE ONLY

SECTION C - STATUS OF WASTE GENERATED (CHECK ONE)

9. ☒ SHIPPED OFF-SITE. Complete part 2, attach completed hazardous waste manifests, sign certification and transmit to the department.

10. ☐ REPORTABLE QUANTITY NOT GENERATED. Sign certification and transmit to the department. (Do not complete Part 2)

11. ☐ REPORTABLE QUANTITY GENERATED BUT NOT SHIPPED OFF-SITE THIS QUARTER. Sign certification and transmit to the department. (Do not complete Part 2).

SECTION D - COMMENTS

12.

SECTION E - CERTIFICATION STATEMENT

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

PRINT NAME

Michael R. Morton

SIGNATURE

Michael R. Morton

DATE

11/13/92



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM

P.O. BOX 176

JEFFERSON CITY, MISSOURI 65102

(314) 751-3176

GENERATOR'S HAZARDOUS WASTE
REPORT SUMMARY SHEET - PART II

BEFORE COPYING FORM, ENTER THE GENERATOR'S NAME
AND IDENTIFICATION NUMBERS AS SHOWN ON PART I.

GENERATOR NAME

Acrofil Technology, Inc.

EPA ID NUMBER

M.O.D.9.8.1.7.2.2.7.62

MISSOURI I.D. NUMBER

0.1.0.7.5.3

NOTE ► PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

ATTENTION: Summarize all shipments made to the
Hazardous Waste Management Facility you have
identified in Section G below. Additional pages are
required for each off-site management facility utilized.

SECTION F - REPORT IDENTIFICATION (AS SHOWN ON PART I)

1. FOR THE PERIOD ENDING (CHECK ONE & FILL IN YEAR)

☒ 9-30-92 (YEAR)

☐ 12-31- (YEAR)

☐ 3-31- (YEAR)

☐ 6-30- (YEAR)

2. PAGE

2 OF 2

SECTION G - FACILITY IDENTIFICATION

3. FACILITY NAME (NAME OF OFF-SITE LOCATION WHERE WASTE WAS DELIVERED)

American Resource Recovery

5. FACILITY SITE ADDRESS

901 Bodley

CITY

Memphis

STATE

TN

ZIP CODE

38106

4. FACILITY'S EPA I.D. NUMBER

TND 991279430

6. FACILITY'S MISSOURI I.D. NUMBER

SECTION H - WASTE IDENTIFICATION

LINE	7. DESCRIPTION OF WASTE SHIPPED TO THE FACILITY LISTED ABOVE	8. DOT HAZARD CODE	9. EPA HAZARDOUS WASTE NUMBER	10. TAX CODE (SEE INST.)	11. TOTAL AMOUNT OF WASTE	12. UNIT OF MEAS.	13. SPECIFIC GRAVITY	14. FINAL HANDLING CODE
1	Waste ORM-A N.O.S. 1,1,1-Trichloroethane NA1613	.	F.0.0.2 . . .		15,828	P	:	T.5.0
2	Waste Flammable Liquid N.O.S. "RQ" Hexane, Acetone, 1,1,1-Trichloroethane	.	D.0.0.1 F.0.0.2 F.0.0.3 . . .		40,344	P	:	T.5.0
3	Waste ORM-A (Solid) N.O.S. 1,1,1-Trichloroethane NA1693	.	U.2.2.6 . . .		939	P	:	T.5.0
4	Waste Water (D.O.T and EPA non-hazardous and non-regulated)	.	N.H. . . .		705	P	:	T.5.0
5	Waste Adhesive Combustible UN1153 "RQ"	.	D.0.0.1 . . .		—	P	:	.
6	Waste Adhesive Flammable Liquid UN1153 "RQ"	.	D.0.0.1 . . .		200	P	:	.
7		.	. . . .				:	.
8		.	. . . .				:	.

SECTION I - TRANSPORTATION SERVICES UTILIZED

15. COMPANY NAME	16. MISSOURI ID NO.	17. US EPA I.D. NUMBER
a	H. . . . .	. . . . .
b	H. . . . .	. . . . .
c	H. . . . .	. . . . .

SECTION J - COMMENTS

18.

MISSOURI DEPARTMENT OF NATURAL RESOURCES

Division of Environmental Quality

Hazardous Waste Program

P.O. Box 176 Jefferson City, Missouri 65102

314-751-3176

EMERGENCY RESPONSE

24 HOURS

1-800-442-4402

24 HOURS

1-800-442-4402

TEST OF NATURAL RESOURCES

HAZARDOUS WASTE MANIFEST

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No 2050-0039, Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page	Information in the shaded areas is required by State law.	
		M,0,D,9,8,1,7,2,2,7,6,2	0,0,0,3,5	2 of 2		
3. Generator's Name and Mailing Address Aerofil Technology, Inc. 225 Industrial Park Drive, Sullivan, Missouri			A. Missouri Manifest Document Number 0,1,0,7,5,3 0,0,3,5			
4. Generator's Phone (314) 468-5551 Contact: Mark Forthaus			B. G.S.I. (Gen. Site Address) Same			
5. Transporter 1 Company Name American Resource Recovery			C. MO. Trans. ID H-1780 V-77852			
6. US EPA ID Number TN D,9,9,1,2,7,8,4,8,0			D. Transporter's Phone 901-774-2340			
7. Transporter 2 Company Name			E. MO. Trans. ID			
8. US EPA ID Number			F. Transporter's Phone			
9. Designated Facility Name and Site Address American Resource Recovery Corporation 901 East Bodley Memphis, Tennessee 38106			G. State Facility's ID RRTN15			
10. US EPA ID Number T,N,D,9,9,1,2,7,9,4,8,0			H. Facility's Phone 901-774-2340			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Waste Adhesive Combustible Liquid UN1133 (E.P.A.-D001) "RQ" 100 Lbs			0,0,0 DM	0,0,0,0,0	P	EPA WASTE CODE D,0,0,1 STATE NONE
b. Waste Adhesive Flammable Liquid UN1133 (E.P.A.-D001) "RQ" 100 Lbs			0,0,1 DM	0,0,2,0,0	P	EPA WASTE CODE D,0,0,1 STATE NONE
c. Waste Cleaning Solution (D.O.T. Nonhazardous and E.P.A. Nonregulated)			0,0,0 DM	0,0,0,0,0	P	EPA WASTE CODE N,0,N,E STATE NONE
d.						EPA WASTE CODE STATE
J. Additional Descriptions for Materials Listed Above			K. HANDLING CODE (FACILITY USE ONLY)			
			INTERIM FINAL COMMENTS			
a. #06067M0 E.R.G. #26			a.			
b. #06065M0 E.R.G. #26			b. S,0,0,1,5,0			
c. #06066M0			c.			
d.			d.			
15. Special Handling Instructions and Additional Information If undeliverable return to generator, Emergency Contact N.R.C. at 1-800-424-8802.						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.						
Printed/Typed Name BARBARA V. BLACK			Signature Barbara J Black		Month Day Year 07/28/92	
17. Transporter 1 Acknowledgement of Receipt of Materials			Date			
Printed/Typed Name Wayne Hill			Signature Wayne Hill		Month Day Year 07/28/92	
18. Transporter 2 Acknowledgement of Receipt of Materials			Date			
Printed/Typed Name			Signature		Month Day Year	
19. Discrepancy Indication Space FAB						
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name Narine Warhurst for ARRC, Inc.			Signature Narine Warhurst		Month Day Year 07/28/92	

MISSOURI DEPARTMENT OF NATURAL RESOURCES

Division of Environmental Quality

Hazardous Waste Program

P.O. Box 176 Jefferson City, Missouri 65102

314-751-3176

EMERGENCY RESPONSE

U.S. COAST GUARD

1-800-424-8802

CHEM TRAC

1-800-424-8802

DEPT. OF NATURAL RESOURCES

JEFFERSON CITY

HAZARDOUS WASTE MANIFEST

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No 2050-0039, Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. M O D 9 8 1 7 2 2 7 6 2		Manifest Document No. 1 0 0 0 3 5		2. Page 1 of 2		Information in the shaded areas is required by State law.					
3. Generator's Name and Mailing Address Aerofil Technology, Inc. 225 Industrial Park Drive Sullivan, Missouri 63080						A. Missouri Manifest Document Number 0 1 0 7 5 3 0 0 3 5							
4. Generator's Phone (314) 468-5551 Contact: Mark Forthaus						B. G.S.I. (Gen. Site Address) Same							
5. Transporter 1 Company Name American Resource Recovery						C. MO. Trans. ID H-1780 V-17852							
6. US EPA ID Number T N D 9 9 1 2 7 9 4 8 0						D. Transporter's Phone 901-774-2340							
7. Transporter 2 Company Name						E. MO. Trans. ID							
8. US EPA ID Number						F. Transporter's Phone							
9. Designated Facility Name and Site Address American Resource Recovery Corporation 901 East Bodley Memphis, Tennessee 38106						G. State Facility's ID RRTN15							
10. US EPA ID Number T N D 9 9 1 2 7 9 4 8 0						H. Facility's Phone 901-774-2340							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers Number Type		13. Total Quantity		14. Unit Wt/Vol.		I. Waste No.	
a. Waste Flammable Liquid, N.O.S. (Hexane, Acetone, 1,1,1, Trichloroethane) UN1993 (E.P.A.-D001, F002, F003) "RQ" 101 lbs						244 DM		1430.7		P		EPA WASTE CODE D 0 0 1 STATE N O N E	
b. Waste ORM-A (solid) N.O.S. (Contains 1,1,1, Trichloroethane) NA1693 (E.P.A.-U226) "RQ" 1000 Lbs						003 DM		0.0612		P		EPA WASTE CODE U 2 2 6 STATE N O N E	
c. Waste ORM-A (1,1,1 Trichloroethane) ORM-A NA1693 (E.P.A.-F002) "RQ" 10 Lbs						010 DM		0.5598		P		EPA WASTE CODE F 0 0 2 STATE N O N E	
d. Waste Flammable Liquid, N.O.S. (Isopropanol, Mineral Spirits) UN1993 (E.P.A.-D001) "RQ" 100 Lbs						000 DM		00000		P		EPA WASTE CODE D 1 0 0 1 STATE N O N E	
J. Additional Descriptions for Materials Listed Above						HANDLING CODE (FACILITY USE ONLY)							
						INTERIM FINAL COMMENTS							
a#04253MO E.R.G. #27 F002, F003						Block 11a, CONTAINS one 30 GAL DRUM S.O. T T 5 0							
b#04460MO E.R.G. #58						Block 11b, CONTAINS S.O. T T 0 3							
c#04466MO E.R.G. #58						one 30 gal. DRUM S.O. T T 5 0							
d#04637MO E.R.G. #27 D001													
15. Special Handling Instructions and Additional Information If undeliverable return to generator, Emergency Contact N.R.C. at 1-800-424-8802.													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.													
Printed/Typed Name BARBARA J. BLACK						Signature Barbara J. Black						Month Day Year 07/28/92	
17. Transporter 1 Acknowledgement of Receipt of Materials										Date			
Printed/Typed Name Wayne Hill						Signature Wayne Hill						Month Day Year 07/28/92	
18. Transporter 2 Acknowledgement of Receipt of Materials										Date			
Printed/Typed Name						Signature						Month Day Year	
19. Discrepancy Indication Space													
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.										Date			
Printed/Typed Name Nerine Warhurst for ARRC 2:00						Signature Nerine Warhurst						Month Day Year 08/05/92	

GENERATOR

TRANSPORTER

FACILITY

MISSOURI DEPARTMENT OF NATURAL RESOURCES

JEFFERSON CITY

MISSOURI DEPARTMENT OF NATURAL RESOURCES

Division of Environmental Quality

Hazardous Waste Program

P.O. Box 176 Jefferson City, Missouri 65102

314-751-3176

HAZARDOUS WASTE MANIFEST

EMERGENCY RESPONSE

U.S. COAST GUARD

1-800-424-8802

CHEM TREC

1-800-424-8802

DEPT. OF NATURAL RESOURCES

ST. LOUIS, MO 63101

THIS DOCUMENT IS THE PROPERTY OF THE MISSOURI DEPARTMENT OF NATURAL RESOURCES. IT IS TO BE USED FOR THE PURPOSES OF THE HAZARDOUS WASTE MANIFEST ONLY. IT IS NOT TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM.

THIS DOCUMENT MUST BE USED FOR THE PURPOSES OF THE HAZARDOUS WASTE MANIFEST ONLY. IT IS NOT TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM.

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No 2050-0039. Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. MOD981722762		Manifest Document No. 00036		2. Page 1 of 1		Information in the shaded areas is required by State law.													
3. Generator's Name and Mailing Address AEROFIL TECHNOLOGY, INC. 225 INDUSTRIAL PARK DRIVE SULLIVAN, MISSOURI 63080						A. Missouri Manifest Document Number 010753 0036															
4. Generator's Phone (314 468-5551 CONTACT: MARK FORTHAUS						B. G.S.I. (Gen. Site Address) SAME V1758 TN															
5. Transporter 1 Company Name AMERICAN RESOURCE RECOVERY						C. MO. Trans. ID 901-774-2340															
6. US EPA ID Number TND991279480						D. Transporter's Phone H-1780															
7. Transporter 2 Company Name						E. MO. Trans. ID															
8. US EPA ID Number						F. Transporter's Phone															
9. Designated Facility Name and Site Address AMERICAN RESOURCE RECOVERY CORPORATION 901 EAST BODLEY MEMPHIS, TN 38106						G. State Facility's ID RRTN15															
10. US EPA ID Number TND991279480						H. Facility's Phone 901-774-2340															
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers Number Type		13. Total Quantity		14. Unit Wt/Vol.		I. Waste No.									
WASTE ORM-A N.O.S. (1,1,1-TRICHLOROETHANE) ORM-A NA1693 (E.P.A.-F002) "RQ" 10 LBS						005 DM		02502		P		EPA WASTE CODE F002 STATE NONE									
WASTE FLAMMABLE LIQUID, N.O.S. (HEXANE, ACETONE, TRICHLOROETHANE) UN1993 (E.P.A.-D001, F002, F003) "RQ" 10 LBS						1,1,1- 009 DM		03351		P		EPA WASTE CODE D001 STATE NONE									
WASTE ORM-A (SOLID) N.O.S. (CONTAINS 1,1,1- TRICHLOROETHANE) NA1693 (E.P.A.-U226) "RQ" 1000 LBS						001 DM		00227		P		EPA WASTE CODE U226 STATE NONE									
WASTE SILICONE (E.P.A. NON-REGULATED AND D.O.T. NON-HAZARDOUS)						000 DM		00000		P		EPA WASTE CODE NONE STATE NONE									
J. Additional Descriptions for Materials Listed Above						K. HANDLING CODE (FACILITY USE ONLY)															
						INTERIM FINAL COMMENTS															
a. #00406MO E.R.G. #58						a. S101 T1510															
b. #04253MO E.R.G. #27 F002, F003						b. S101 T1510															
c. #04460MO E.R.G. #58						c. S101 T103															
d.						d.															
15. Special Handling Instructions and Additional Information IF UNDELIVERABLE RETURN TO GENERATOR. IN EVENT OF FIRE, SPILL OR OTHER EMERGENCY IT MAY BE NECESSARY TO CONTACT N.R.C. AT 1-800-424-8802.																					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.																					
Printed/Typed Name MARIC R. FORTHAUS						Signature Mark R. Forthaus						Month Day Year 08/13/92									
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name JOE F BRANNON Sr						Signature Joe F Brannon Sr						Month Day Year 08/13/92									
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name						Signature						Month Day Year									
19. Discrepancy Indication Space																					
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Nina L. Hurst for ARRC, Inc.														Signature Nina L. Hurst for ARRC, Inc.						Month Day Year 08/15/92	

MISSOURI DEPARTMENT OF NATURAL RESOURCES

Division of Environmental Quality

Hazardous Waste Program

P.O. Box 176 Jefferson City, Missouri 65102

314-751-3176

EMERGENCY RESPONSE

US COAST GUARD

Hazardous Waste

CHEM TRAC

FEDERAL GOVERNMENT

DEPT. OF NATURAL RESOURCES

Missouri

HAZARDOUS WASTE MANIFEST

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No 2050-0039, Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. M, O, D, 9, 8, 1, 7, 2, 2, 7, 6, 2, 0, 0, 0, 3, 7	Manifest Document No. of 1	2. Page 1	Information in the shaded areas is required by State law.	
3. Generator's Name and Mailing Address Aerofil Technology, Inc. 255 Industrial Park Drive Sullivan, Missouri 63080			A. Missouri Manifest Document Number 0, 1, 0, 7, 5, 3, 0, 0, 3, 7			
4. Generator's Phone (314) 468-5551 contact: Mark Forthaus			B. G.S.I. (Gen. Site Address) Same			
5. Transporter 1 Company Name American Resource Recovery			C. MO. Trans. ID H-1780 V-17856/T			
6. US EPA ID Number T, N, D, 9, 9, 1, 2, 7, 9, 4, 8, 0			D. Transporter's Phone 901-774-2340			
7. Transporter 2 Company Name			E. MO. Trans. ID			
8. US EPA ID Number			F. Transporter's Phone			
9. Designated Facility Name and Site Address American Resource Recovery Corporation 901 East Bodley Memphis, Tennessee 38106			G. State Facility's ID RRTN15			
10. US EPA ID Number T, N, D, 9, 9, 1, 2, 7, 9, 4, 8, 0			H. Facility's Phone 901-774-2340			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers Number Type	13. Total Quantity	14. Unit WU/Vol.	I. Waste No.	
a. Waste Flammable Liquid, N.O.S. (Hexane, Acetone, 1,1,1, Trichloroethane) UN1993 (E.P.A.-D001, F002, F003) "RQ" 10 LBS		022 SS 021 DM	07232 06982		EPA WASTE CODE D, 0, 0, 1 STATE N, O, N, E	
b. WASTE ORM-A N.O.S. (1,1,1-trichloroethane) ORM-A NA1693 (E.P.A.-F002) "RQ" 10 LBS		007 SS 004 DM	03046 P		EPA WASTE CODE F, 0, 0, 2 STATE N, O, N, E	
c.					EPA WASTE CODE STATE	
d.					EPA WASTE CODE STATE	
J. Additional Descriptions for Materials Listed Above		K. HANDLING CODE (FACILITY USE ONLY) INTERIM FINAL		COMMENTS		
a. #04253MO E.R.G. #27		a. S, 0, 1 T, 5, 0				
b. #00406MO		b. S, 0, 1 T, 5, 0				
c.		c.				
d.		d.				
15. Special Handling Instructions and Additional Information If undeliverable return to generator. Emergency Contact N.R.C. at 1-800-424-8802.						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.						
Printed/Typed Name BARBARA J. BLACK		Signature Barbara J. Black		Month Day Year 08/24/92		
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Tom King		Signature Tom King		Date 08/26/92		
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Date		
19. Discrepancy Indication Space						
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name Nerine Warhurst for AREC 2:00						
Signature Nerine Warhurst		Month Day Year 08/28/92		B		

MISSOURI DEPARTMENT OF NATURAL RESOURCES

Division of Environmental Quality

Hazardous Waste Program

P.O. Box 176 Jefferson City, Missouri 65102

314-751-3176

EMERGENCY RESPONSE

U.S. COAST GUARD

1-800-424-2502

T-800-424-2502

T-800-424-2502

DEPT. OF NATURAL RESOURCES

HAZARDOUS WASTE MANIFEST

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No 2050-0039, Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. M, 0, D, 9, 8, 1, 7, 2, 2, 7, 6, 2, 10, 0, 0, 3, 8	Manifest Document No. 10, 0, 0, 3, 8	2. Page 1 of 1	Information in the shaded areas is required by State law.	
3. Generator's Name and Mailing Address Aerofil Technology, Inc. 225 Industrial Park Drive Sullivan, Missouri 63080 4. Generator's Phone (314) 468-5551 contact: Mark Forthaus				A. Missouri Manifest Document Number 0, 1, 0, 7, 5, 3, 0, 0, 3, 8		
5. Transporter 1 Company Name American Resource Recovery				B. G.S.I. (Gen. Site Address) Same		
6. US EPA ID Number T, N, D, 9, 9, 1, 2, 7, 9, 4, 8, 0				C. MO. Trans. ID H-1780		
7. Transporter 2 Company Name				D. Transporter's Phone 901-774-2340		
8. US EPA ID Number				E. MO. Trans. ID		
9. Designated Facility Name and Site Address American Resource Recovery Corporation 901 East Bodley Memphis, Tennessee 38106				F. Transporter's Phone		
10. US EPA ID Number T, N, D, 9, 9, 1, 2, 7, 9, 4, 8, 0				G. State Facility's ID RRTN15		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				H. Facility's Phone 901-774-2340		
a. Waste ORM-A N.O.S. (1,1,1,-Trichloroethane) ORM-A NA1693 (E.P.A.=F002) "RQ" 10 Lbs.		12. Containers Number 003	Type DM	13. Total Quantity 0, 1, 4, 1, 0	14. Unit P	I. Waste No. EPA WASTE CODE F, 0, 0, 1, 2 STATE N, O, N, E
b. Waste Flammable Liquid, N.O.S. (Hexane, Acetone, Tri-Chloroethane) Un1993 (E.P.A.-D001, F002, F003) "RQ" 10 Lbs.		017	DM	0, 5, 7, 3, 2	P	EPA WASTE CODE D, 0, 0, 1, 1 STATE N, O, N, E
c.						EPA WASTE CODE STATE
d.						EPA WASTE CODE STATE
J. Additional Descriptions for Materials Listed Above		K. HANDLING CODE (FACILITY USE ONLY)				
a. #00406MO E.R.G. #58		INTERIM		FINAL		COMMENTS
b. #04253MO E.R.G. #27 F002, F003		S, 1, 0, 1		T, 5, 1, 0		
c.						
d.						
15. Special Handling Instructions and Additional Information If undeliverable return to generator. Emergency Contact N.R.C. at 1-800-424-8802.						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.						
Printed/Typed Name BARBARA J. BLACK		Signature Barbara J. Black		Month Day Year 09/11/92		
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature Fred Eads		Date 09/11/92		
Printed/Typed Name FRED EADS		Signature		Date		
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Date		
Printed/Typed Name		Signature		Date		
19. Discrepancy Indication Space F						
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name John White		Signature John White		Date 09/11/92		

MISSOURI DNR FINAL COPY - PART 1

MISSOURI DNR FINAL COPY - PART 1

MISSOURI DEPARTMENT OF NATURAL RESOURCES

Division of Environmental Quality

Hazardous Waste Program

P.O. Box 176 Jefferson City, Missouri 65102

314-751-3176

HAZARDOUS WASTE MANIFEST

EMERGENCY RESPONSE

U.S. COAST GUARD

1-800-424-8802

CHEMTREC

1-800-424-8800

DEPT. OF NATURAL RESOURCES

7-23-92

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No 2050-0039. Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. M O D 9 8 1 7 2 2 7 6 2		Manifest Document No. 0 0 0 3 9		2. Page 1 of 1		Information in the shaded areas is required by State law.					
3. Generator's Name and Mailing Address Aerofil Technology, Inc. 255 Industrial Park Drive Sullivan, Missouri 63080						A. Missouri Manifest Document Number 0 1 0 7 5 3 0 0 3 9							
4. Generator's Phone (314, 468-5551 contact: Mark Forthaus						B. G.S.I. (Gen. Site Address) Same							
5. Transporter 1 Company Name American Resource Recovery				6. US EPA ID Number T N D 9 9 1 2 7 9 4 8 0		C. MO. Trans. ID H-1780							
7. Transporter 2 Company Name				8. US EPA ID Number		D. Transporter's Phone 901-774-2340							
9. Designated Facility Name and Site Address American Resource Recovery Corporation 901 East Bodley Memphis, Tennessee 38106				10. US EPA ID Number T N D 9 9 1 2 7 9 4 8 0		E. MO. Trans. ID							
						F. Transporter's Phone							
						G. State Facility's ID RRTN15							
						H. Facility's Phone 901-774-2340							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit		15. Waste No.	
a. Waste Water (D.O.T. Non-Hazardous and E.P.A. Non-Regulated)						000		00000		N O N E		EPA WASTE CODE STATE N O N E	
b. Waste Flammable Liquid, N.O.S. (Hexane, Acetone, 1,1,1 Trichloroethane) UN1993 (E.P.A.-D001,F002,F003)"RQ" 10 Lbs						015		03177		B O B 1		EPA WASTE CODE STATE N O N E	
c. Waste ORM-A, N.O.S. (contains 1,1,1 Trichloroethane) NA 1693 (EPA-F002) "RQ" 10 lbs.						000		00000		F O O 2		EPA WASTE CODE STATE N O N E	
d.												EPA WASTE CODE STATE	
J. Additional Descriptions for Materials Listed Above						K. HANDLING CODE (FACILITY USE ONLY)							
a. #05140MO						a. S		I				COMMENTS	
b. #04253MO E.R.G. #27 F002,F003						b. S I O I		T I S I O					
c.						c. S I O I		T I S I O					
d.						d.							
15. Special Handling Instructions and Additional Information If undeliverable return to generator. Emergency Contact N.R.C. at 1-800-424-8802. 11a. 3-30 gal. 11c. 5-30 gal. 2 55 gal BB 11b. 12-30 gal/103-55 gal													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment: OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.													
Printed/Typed Name BARBARA J. BLACK						Signature Barbara J Black						Month Day Year 07/23/92	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name FRED EADS						Signature Fred Eads						Month Day Year 07/23/92	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name						Signature						Month Day Year	
19. Discrepancy Indication Space F													
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Naima Warburton-Gibbs													
Signature Naima Warburton-Gibbs						Month Day Year 10/9/92							

MISSOURI DEPARTMENT OF NATURAL RESOURCES

Division of Environmental Quality

Hazardous Waste Program

P.O. Box 176 Jefferson City, Missouri 65102

314-751-3176

HAZARDOUS WASTE MANIFEST

EMERGENCY RESPONSE

J.S. CAST GLASS

1-800-424-8802

THEM TREC

1-800-424-8802

DEPT. OF NATURAL RESOURCES

1-800-424-8802

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No 2050-0039. Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. M 0 D 9 8 1 7 2 2 7 6 2 0 0 0 4 0	Manifest Document No. 0 0 0 4 0	2. Page 1 of 1	Information in the shaded areas is required by State law.		
3. Generator's Name and Mailing Address Aerofil Technology, Inc. 255 Industrial Park Drive Sullivan, Missouri 63080				A. Missouri Manifest Document Number 0 1 0 7 5 3 0 0 0 4 0			
4. Generator's Phone (314) 468-5551 contact: Mark Forthaus				B. G.S.I. (Gen. Site Address) Same			
5. Transporter 1 Company Name American Resource Recovery				C. MO. Trans. ID H-1780 V-17867			
6. US EPA ID Number T N D 9 9 1 2 7 9 4 8 0				D. Transporter's Phone 901-774-2340			
7. Transporter 2 Company Name				E. MO. Trans. ID			
8. US EPA ID Number				F. Transporter's Phone			
9. Designated Facility Name and Site Address American Resource Recovery Corporation 901 East Bodley Memphis, Tennessee 38106				G. State Facility's ID RRTN15			
10. US EPA ID Number T N D 9 9 1 2 7 9 4 8 0				H. Facility's Phone 901-774-2340			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers Number Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Waste Flammable Liquid, N.O.S. (Hexane, Acetone, 1,1,1, Trichloroethane) UN1993 (E.P.A.-D001,F002,F003) "RQ" 10 lbs.				0 2 1 AB	0 6 5 4 5		EPA WASTE CODE D 0 0 1
b. Waste ORM-A, N.O.S. (1,1,1, Trichloroethane) NA1693 (E.P.A.-F002) "RQ" 10 Lbs.				0 2 3 DM	0 6 5 4 5 AB		STATE N O N E
c. Waste Water (D.O.T. Non-Hazardous and E.P.A. Non-Regulated)				0 1 0 DM	0 3 2 7 2	P	EPA WASTE CODE F 0 0 2
d. WASTE ORM-A (SOLID N.O.S. (441, TRICHLOROETHANE) NA1693 (E.P.A. 4226) "RQ" 1000 LBS				0 0 3 DM	0 0 7 0 5	P	STATE N O N E
e. WASTE ORM-A (SOLID N.O.S. (441, TRICHLOROETHANE) NA1693 (E.P.A. 4226) "RQ" 1000 LBS				0 0 1 DM	0 0 1 0 0 P		EPA WASTE CODE V 2 2 6
f. WASTE ORM-A (SOLID N.O.S. (441, TRICHLOROETHANE) NA1693 (E.P.A. 4226) "RQ" 1000 LBS				0 0 1 DM	0 0 1 0 0 P		STATE N O N E
J. Additional Descriptions for Materials Listed Above				HANDLING CODE (FACILITY USE ONLY)			
#04253MO E.R.G.#27 F002,F003 15-55 gal. 8-30 gal. 445				INTERIM FINAL COMMENTS			
#00406MO E.R.G.#58 5-55 gal 5-30 gal 445				S 0 1 1 T 5 1 0			
#05140MO 3-30 gal. 445				S 0 1 1 T 5 1 0			
d. 0 4 4 6 0 1 4 0 1-55 gal. 445				S 0 1 1 T 0 1 3			
15. Special Handling Instructions and Additional Information If undeliverable return to generator. Emergency Contact N.R.C. at 1-800-424-8802.							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.							
Printed/Typed Name BARBARA J. BLACK				Signature Barbara J. Black		Month Day Year 0 9 3 0 9 2	
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature Wayne Hill		Date 0 9 1 3 0 1 9 2	
Printed/Typed Name Wayne Hill				Signature Wayne Hill		Month Day Year 0 9 1 3 0 1 9 2	
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature		Date	
Printed/Typed Name				Signature		Month Day Year	
19. Discrepancy Indication Space FAB							
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.							
Printed/Typed Name Nancy Harburt				Signature Nancy Harburt		Month Day Year 1 0 0 0 0 0 0 0	



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102
(314) 751-3176

AEROFIL TECHNOLOGY, INC.
CONTACT: ~~MARY FORTNUS~~ Mike Morton
225 INDUSTRIAL PARK DRIVE
SULLIVAN MO 63080
*
EPA ID=MOD981722762 MO ID=010753

GENERATOR'S HAZARDOUS WASTE SUMMARY REPORT - PART I

GENERATOR'S EPA I.D. NUMBER

MOD981722762

GENERATOR'S MISSOURI I.D. NUMBER

010753

NOTE: THE FEDERAL EPA AND MISSOURI GENERATOR I.D. NUMBERS ARE ASSIGNED EXCLUSIVELY TO THE SITE WHERE WASTE IS PRODUCED. YOU MUST NOTIFY THE DEPARTMENT IF THE ADDRESS FOR THE SITE OF GENERATION CHANGES.

NOTE ► PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

SECTION A - REPORT IDENTIFICATION

1. TYPE OF REPORT (CHECK ONE)

☒ QUARTERLY ☐ ANNUAL

IF ANNUAL CHECKED, PLACE X IN 6-30 BOX

2. FOR THE PERIOD ENDING (CHECK ONE & FILL IN YEAR)

☐ 9-30- ____ (YEAR)

☒ 12-31- 92 (YEAR)

☐ 3-31- ____ (YEAR)

☐ 6-30- ____ (YEAR)

3. PAGE

1 OF 2

SECTION B - GENERATOR IDENTIFICATION

NOTE: Any change in either the mailing or site address from previous reports requires renotification to the Department.

4. GENERATOR'S NAME ☒ SAME AS LABEL

5. GENERATOR CONTACT PERSON (NAME) ☐ SAME AS LABEL

Mike Morton

TELEPHONE NUMBER

(314) 468-5551

6. MAILING ADDRESS

225 Industrial Park Drive

CITY

Sullivan

STATE

MO

ZIP CODE

63080

7. PLANT SITE ADDRESS ☒ SAME AS LABEL

CITY

STATE

ZIP CODE

8. NAME OF PARENT FIRM

OFFICE USE ONLY

SECTION C - STATUS OF WASTE GENERATED (CHECK ONE)

9. ☒ SHIPPED OFF-SITE. Complete part 2, attach completed hazardous waste manifests. Sign certification and transmit to the department.

10.

☐ REPORTABLE QUANTITY NOT GENERATED. Sign certification and transmit to the department. (Do not complete Part 2)

11.

☐ REPORTABLE QUANTITY GENERATED BUT NOT SHIPPED OFF-SITE THIS QUARTER. Sign certification and transmit to the department. (Do not complete Part 2).

SECTION D - COMMENTS

SECTION E - CERTIFICATION STATEMENT

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

PRINT NAME

Michael R. Morton

SIGNATURE

Michael R. Morton

DATE

1/19/93



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102
(314) 751-3176
GENERATOR'S HAZARDOUS WASTE
REPORT SUMMARY SHEET - PART II

BEFORE COPYING FORM, ENTER THE GENERATOR'S NAME
AND IDENTIFICATION NUMBERS AS SHOWN ON PART I.

GENERATOR NAME

Aerofil, Technology, Inc.

EPA ID NUMBER

M.O.D.9.8.1.7.2.27.62

MISSOURI I.D. NUMBER

0.1.0.7.5.3

NOTE ► PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

ATTENTION: Summarize all shipments made to the Hazardous Waste Management Facility you have identified in Section G below. Additional pages are required for each off-site management facility utilized.

SECTION F - REPORT IDENTIFICATION (AS SHOWN ON PART I)

1. FOR THE PERIOD ENDING (CHECK ONE & FILL IN YEAR)

☐ 9-30- (YEAR) ☒ 12-31- *12* (YEAR)

☐ 3-31- (YEAR) ☐ 6-30- (YEAR)

2. PAGE

2 OF *2*

SECTION G - FACILITY IDENTIFICATION

3. FACILITY NAME (NAME OF OFF-SITE LOCATION WHERE WASTE WAS DELIVERED)

American Resource Recovery

4. FACILITY'S EPA I.D. NUMBER

T.N.D.9.9.1.2.7.9.4.8.0

5. FACILITY SITE ADDRESS

901 Bradley

6. FACILITY'S MISSOURI I.D. NUMBER

CITY

Memphis

STATE

TN

ZIP CODE

38106

SECTION H - WASTE IDENTIFICATION

L I N E	7. DESCRIPTION OF WASTE SHIPPED TO THE FACILITY LISTED ABOVE	8. DOT HAZARD CODE	9. EPA HAZARDOUS WASTE NUMBER	10. TAX CODE (SEE INST.)	11. TOTAL AMOUNT OF WASTE	12. UNIT OF MEAS.	13. SPECIFIC GRAVITY	14. FINAL HANDLING CODE
1	<i>100 lbs. RQ Waste ORM-A N.O.S. 1,1,1-Trichloroethane, NA1693</i>	.	<i>F.0.0.2</i>	.	<i>19,473</i>	<i>P</i>	<i>:</i>	<i>T.5.0</i>
2	<i>Waste Flammable Liquid, N.O.S. Hexane/Acetone/1,1,1-Trichloroethane, UN1993</i>	.	<i>D.0.0.1 F.0.0.2 F.0.0.3</i>	.	<i>19,838</i>	<i>P</i>	<i>:</i>	<i>T.5.0</i>
3	<i>Waste ORM-A (Solid) N.O.S. 1,1,1-Trichloroethane NA1693</i>	.	<i>4.2.2.6</i>	.	<i>552</i>	<i>P</i>	<i>:</i>	<i>T.5.0</i>
4	<i>Waste Water (DOT non-hazardous and EPA non-regulated)</i>	.	<i>N.H</i>	.	<i>5,836</i>	<i>P</i>	<i>:</i>	<i>T.5.0</i>
5		.					.	
6		.					.	
7		.					.	
8		.					.	

SECTION I - TRANSPORTATION SERVICES UTILIZED

15. COMPANY NAME	16. MISSOURI ID NO.	17. US EPA I.D. NUMBER
a	<i>H</i>	
b	<i>H</i>	
c	<i>H</i>	

SECTION J - COMMENTS

18.

INSTRUCTIONS OF THE...
SECTION OF THIS FORM...
SEPARATE SHEET
THIS DOCUMENT MUST BE USED
FOR ALL HAZARDOUS WASTE
MANIFESTS

MISSOURI DEPARTMENT OF NATURAL RESOURCES
Division of Environmental Quality
Hazardous Waste Program
P.O. Box 176 Jefferson City, Missouri 65102
314-751-3176

EMERGENCY RESPONSE
U.S. COAST GUARD
1-800-424-8802
CHEM TREC
1-800-424-5300
DEPT. OF NATURAL RESOURCES
314-751-3176

HAZARDOUS WASTE MANIFEST

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No 2050-0039, Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. M10D1918117121217161210101410		Manifest Document No. 0101410		2. Page 1 of 1		Information in the shaded areas is required by State law.					
3. Generator's Name and Mailing Address Aerofil Technology, Inc. 225 Industrial Park Drive Sullivan, Missouri 63080 4. Generator's Phone (314) 468-5551 contact: Mark Forthaus						A. Missouri Manifest Document Number 010753 0041							
5. Transporter 1 Company Name American Resource Recovery						6. US EPA ID Number TND991279480							
7. Transporter 2 Company Name						8. US EPA ID Number							
9. Designated Facility Name and Site Address American Resource Recovery Corporation 901 East Bodley Memphis, Tennessee 38106						10. US EPA ID Number TND991279480							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers Number Type		13. Total Quantity		14. Unit WI/Vol.		15. Waste No.	
a. Waste ORM-A, N.O.S. (1,1,1,Trichloroethane) NA1693 (E.P.A.-F002) "RQ" 10 LBS						008 DM		03.387		P		EPA WASTE CODE F101012 STATE N O N E	
b. Waste Flammable Liquid, N.O.S. (Hexane, Acetone, 1,1,1, Trichloroethane) UN1993 (E.P.A.-D001, F002, F003) "RQ" 10 LBS						021 DM		05.158		P		EPA WASTE CODE D101011 STATE N O N E	
c.												EPA WASTE CODE STATE	
d.												EPA WASTE CODE STATE	
J. Additional Descriptions for Materials Listed Above						HANDLING CODE (FACILITY USE ONLY)							
a. #00406MO E.R.G. #5817-20gal						a. 501171510							
b. #04253MO E.R.G. #2717-30gal						b.							
c.						c.							
d.						d.							
15. Special Handling Instructions and Additional Information If undeliverable return to generator. Emergency Contact N.R.C. at 1-800-424-8802.													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.													
Printed/Typed Name BARBARA J. BLACK						Signature Barbara J. Black						Month Day Year 10/12/92	
17. Transporter 1 Acknowledgement of Receipt of Materials						Signature Joe F. Brannan Sr						Date 11/01/92	
Printed/Typed Name JOE F. BRANNAN SR						Signature						Month Day Year	
18. Transporter 2 Acknowledgement of Receipt of Materials						Signature						Date	
Printed/Typed Name						Signature						Month Day Year	
19. Discrepancy Indication Space													
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name NORICE W. HARRIS						Signature NORICE W. HARRIS						Month Day Year 11/01/92	

GENERATOR

TRANSPORTER

FACILITY

MISSOURI DNR FINAL COPY PART 1

UNRECORDED

MISSOURI DEPARTMENT OF NATURAL RESOURCES

Division of Environmental Quality

Hazardous Waste Program

P.O. Box 176 Jefferson City, Missouri 65102

314-751-3176

EMERGENCY RESPONSE

U.S. COAST GUARD

1-800-424-8802

CHEMTREC

1-800-424-9300

DEPT. OF NATURAL RESOURCES

1-800-424-8802

HAZARDOUS WASTE MANIFEST

INSTRUCTIONS FOR THE COMPLETION OF THIS FORM ARE ON A SEPARATE SHEET

THIS DOCUMENT MUST BE USED FOR ALL MISSOURI DESTINED HAZARDOUS WASTE

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No 2050-0039, Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page of	Information in the shaded areas is required by State law.	
3. Generator's Name and Mailing Address AEROFIL TECHNOLOGY, INC. 225 INDUSTRIAL PARK DRIVE SULLIVAN, MO 63080		4. Generator's Phone (314 468-5551 CONTACT: MIKE MORTON)		A. Missouri Manifest Document Number 0107530044		
5. Transporter 1 Company Name AMERICAN RESOURCE RECOVERY		6. US EPA ID Number TND991279480		B. G.S.I. (Gen. Site Address) SAME		
7. Transporter 2 Company Name		8. US EPA ID Number		C. MO. Trans. ID H-1780508283ST		
9. Designated Facility Name and Site Address AMERICAN RESOURCE RECOVERY CORPORATION 901 EAST BODLEY MEMPHIS, TN 38106		10. US EPA ID Number TND991279480		D. Transporter's Phone 901-774-2340		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		E. MO. Trans. ID		
		Number Type		F. Transporter's Phone		
WASTE FLAMMABLE LIQUID, N.O.S. (HEXANE, ACETONE, 1,1,1-TRICHLOROETHANE) UN1993 (E.P.A.-D001, F003, F002) "RQ" 10 LBS		011 DM 04192		G. State Facility's ID BRTN15		
WASTE ORM-A, N.O.S. (1,1,1-TRICHLOROETHANE) NA1693 (E.P.A.-F002) "RQ" 10 LBS		005 DM 02545		H. Facility's Phone 901-774-2340		
WASTE ORM-A SOLID, N.O.S. (1,1,1-TRICHLOROETHANE) NA1693 (E.P.A.-U226) "RQ" 1000 LBS		005 DM 02545				
d.				I. Waste No.		
				EPA WASTE CODE D 001		
				STATE NONE		
				EPA WASTE CODE F 002		
				STATE NONE		
				EPA WASTE CODE U 226		
				STATE NONE		
J. Additional Descriptions for Materials Listed Above		K. HANDLING CODE (FACILITY USE ONLY)				
		INTERIM FINAL		COMMENTS		
a. #04253MO F003, F002 E.R.G. #27		S 011 T 510				
b. #00406MO E.R.G. #58		S 011 T 510				
c. #04460MO E.R.G. #58		S 011				
d.						
15. Special Handling Instructions and Additional Information IF UNDELIVERABLE RETURN TO GENERATOR. IN EVENT OF FIRE, SPILL OR OTHER EMERGENCY IT MAY BE NECESSARY TO CONTACT N.R.C. AT 1-800-424-8802.						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.						
Printed/Typed Name MARK FORTHAUS - AEROFIL		Signature Mark Forthaus		Month Day Year 12/1/92		
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Date		
Printed/Typed Name Tom King		Signature Tom King		Month Day Year 12/1/92		
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Date		
Printed/Typed Name		Signature		Month Day Year		
19. Discrepancy Indication Space F						
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Type Name Narine Warhurst for ARRC		Signature Narine Warhurst		Month Day Year 12/14/92		

MISSOURI DNR FINAL COPY - PART 1

TO THE GENERATOR BY THE DESIGNATED

INSTRUCTIONS FOR THE COMPLETION OF THIS FORM ARE ON A SEPARATE SHEET

THIS DOCUMENT MUST BE USED FOR ALL MISSOURI-DESTINED SHIPMENTS

MISSOURI DEPARTMENT OF NATURAL RESOURCES

Division of Environmental Quality
Hazardous Waste Program
P.O. Box 176 Jefferson City, Missouri 65102
314-751-3176

EMERGENCY RESPONSE
U.S. COAST GUARD
1-800-424-8802
CHEM TREC
1-800-424-9300
DEPT. OF NATURAL RESOURCES
314-634-2436

HAZARDOUS WASTE MANIFEST

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No 2050-0039, Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. MOD981722762		Manifest Document No. 06043		2. Page _____ of _____		Information in the shaded areas is required by State law.							
3. Generator's Name and Mailing Address AEROFIL TECHNOLOGY, INC. 225 INDUSTRIAL PARK DR. SULLIVAN, MO 63080						A. Missouri Manifest Document Number 01075310043									
4. Generator's Phone (314) 468-5551 CONTACT: MIKE MORTON						B. G.S.I. (Gen. Site Address) SAME									
5. Transporter 1 Company Name AMERICAN RESOURCE RECOVERY						C. MO. Trans. ID H-1780 V-17857									
6. US EPA ID Number TND991279480						D. Transporter's Phone									
7. Transporter 2 Company Name						E. MO. Trans. ID									
8. US EPA ID Number						F. Transporter's Phone									
9. Designated Facility Name and Site Address AMERICAN RESOURCE RECOVERY CORPORATION 901 EAST BODLEY MEMPHIS, TN 38106						G. State Facility's ID RRTN15									
10. US EPA ID Number TND991279480						H. Facility's Phone 901-774-2340									
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol.		I. Waste No.			
WASTE FLAMMABLE LIQUID, N.O.S. (HEXANE, ACETONE, 1,1,1-TRICHLOROETHANE) UN1993 (E.P.A.-D001, F003, F002) "RQ" 10 LBS						006 DM		21.64 P				EPA WASTE CODE D001			
WASTE ORM-A, N.O.S. (1,1,1-TRICHLOROETHANE) NA1693 (E.P.A.-F002) "RQ" 10 LBS						004 DM		0199.6 P				EPA WASTE CODE F002			
WASTE WATER (D.O.T. NON-HAZARDOUS AND E.P.A. NON-REGULATED)						007 DM		03.032 P				EPA WASTE CODE NONE			
WASTE ORM-A SOLID, N.O.S. (1,1,1-TRICHLOROETHANE) NA1693 (E.P.A.-U226) "RQ" 1000 LBS						000 DM		000.00 P				EPA WASTE CODE			
J. Additional Descriptions for Materials Listed Above						K. HANDLING CODE (FACILITY USE ONLY)						COMMENTS			
#04253MO E.R.G. #27 F002, F003						a. S 0 1 T 5 10									
#00406MO E.R.G. #58						b. S 0 1 T 5 10									
#05140MO						c. S 0 1 T 5 10									
#04460MO E.R.G. #58						d. S 0 1									
15. Special Handling Instructions and Additional Information IF UNDELIVERABLE RETURN TO GENERATOR. IN EVENT OF FIRE, SPILL OR OTHER EMERGENCY IT MAY BE NECESSARY TO CONTACT N.R.C. AT 1-800-424-8802.															
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.															
Printed/Typed Name Michael Morton						Signature Michael R. Morton						Month Day Year 11/13/92			
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name Wayne Hill						Signature Wayne Hill		Month Day Year 11/13/92	
18. Transporter 2 Acknowledgement of Receipt of Materials						Printed/Typed Name						Signature		Month Day Year	
19. Discrepancy Indication Space															
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.															
Printed/Typed Name Narine Warhurst for ARRC 10:30						Signature Narine Warhurst						Month Day Year 11/11/92			

MISSOURI DNR FINAL COPY - PART 1

THIS COPY MUST BE SENT BACK TO THE GENERATOR BY THE DESIGNATED

HAZARDOUS WASTE MANIFEST

INSTRUCTIONS FOR THE COMPLETION OF THIS FORM ARE ON A SEPARATE SHEET

THIS DOCUMENT MUST BE USED FOR ALL MISSOURI-DESTINED SHIPMENTS.

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No 2050-0039, Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page	Information in the shaded areas
		MOD981722762	d0042	1	of 1 is required by State law.
3. Generator's Name and Mailing Address				A. Missouri Manifest Document Number	
AEROFIL TECHNOLOGY, INC. 255 INDUSTRIAL PARK DR. SULLIVAN, MO 63080				0 1 0 7 5 3 1 0 0 4 2	
4. Generator's Phone (314 468-5551 CONTACT: MARK FORTHAUS				B. G.S.I. (Gen. Site Address)	
				SAME	
5. Transporter 1 Company Name		6. US EPA ID Number		C. MO. Trans. ID H-1780/508 203	
AMERICAN RESOURCE RECOVERY		TND991279480		D. Transporter's Phone: 901-774-2340	
7. Transporter 2 Company Name		8. US EPA ID Number		E. MO. Trans. ID	
				F. Transporter's Phone	
9. Designated Facility Name and Site Address		10. US EPA ID Number		G. State Facility's ID	
AMERICAN RESOURCE RECOVERY COPORATION 901 EAST BODLEY MEMPHIS, TN 38106		TND991279480		RETN15	
				H. Facility's Phone	
				901-774-2340	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	
		Number Type		Unit	
WASTE FLAMMABLE LIQUID, N.O.S. (HEXANE, ACETONE, 1,1,1-TRICHLOROETHANE) UN1993 (E.P.A.-D001, F002, F003) "RQ" 10 LBS		23 DM		08324 P	
WASTE ORM-A, N.O.S. (1,1,1-TRICHLOROETHANE) NA1693 (E.P.A.- F002) "RQ" 10 LBS		0.23 DM		1.15.45 P	
WASTE ORM-A, SOLID, N.O.S. (1,1,1-TRICHLOROETHANE) na1693 (E.P.A.-U226) "RQ" 1000 LBS		0.04 DM		0.0552 P	
d. Waste Water (D.O.T. Non-Hazardous and E.P.A Non-Regulated)		NM		0.08 D.M 0.2804 P	
J. Additional Descriptions for Materials Listed Above		K. HANDLING CODE (FACILITY USE ONLY)		COMMENTS	
#04253MO R.R.G. #27 F002, F003 2=30 gal		a. S 0 1 T 5 10			
#00406MO R.R.G. #58		b. S 0 1 T 5 10			
#04460MO R.R.G. #58 1=30 gal		c. S 0 1 T 10 3			
#04460MO 4=30 gal		d. S 0 1 T 5 10			
15. Special Handling Instructions and Additional Information					
IF UNDELIVERABLE RETURN TO GENERATOR. IN EVENT OF FIRE, SPILL OR OTHER EMERGENCY IT MAY BE NECESSARY TO CONTACT N.R.C. AT 1-800-424-8802.					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.					
Printed/Typed Name		Signature		Month Day Year	
Michael R. Morton		Michael R. Morton		11/03/92	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Date	
Printed/Typed Name Clifford Woods		Signature Clifford Woods		11/03/92	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Date	
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Initiation Space					
Line 11a. - count changed per generator's CW, MM					
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name		Signature		Month Day Year	
Narine Warhurst for ARRC 12:00		Narine Warhurst		11/10/92	

MISSOURI DNR FINAL COPY - PART 1

THIS COPY MUST BE SENT BACK TO THE GENERATOR BY THE DESIGNATED



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102
(314) 751-3176

AEROFIL TECHNOLOGY, INC.
CONTACT: ~~BARBARA BLACK~~ Mike Morton
225 INDUSTRIAL PARK DR.
SULLIVAN MO 63080

*
EPA ID=MOD981722762 MO ID=010753

GENERATOR'S HAZARDOUS WASTE SUMMARY REPORT - PART I

GENERATOR'S EPA I.D. NUMBER

M.O.D.9.8.1.7.2.2.7.6.2

GENERATOR'S MISSOURI I.D. NUMBER

0.1.0.7.5.3

NOTE: THE FEDERAL EPA AND MISSOURI GENERATOR I.D. NUMBERS ARE ASSIGNED EXCLUSIVELY TO THE SITE WHERE WASTE IS PRODUCED. YOU MUST NOTIFY THE DEPARTMENT IF THE ADDRESS FOR THE SITE OF GENERATION CHANGES.

NOTE ► PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

SECTION A - REPORT IDENTIFICATION

1. TYPE OF REPORT (CHECK ONE)

☒ QUARTERLY ☐ ANNUAL

(IF ANNUAL CHECKED, PLACE X IN 6-30 BOX)

2. FOR THE PERIOD ENDING (CHECK ONE & FILL IN YEAR)

☒ 9-30-92 (YEAR) ☐ 12-31-___ (YEAR)

☐ 3-31-___ (YEAR) ☐ 6-30-___ (YEAR)

3. PAGE

1 OF 2

SECTION B - GENERATOR IDENTIFICATION

NOTE: Any change in either the mailing or site address from previous reports requires renotification to the Department.

4. GENERATOR'S NAME ☐ SAME AS LABEL

5. GENERATOR CONTACT PERSON (NAME) ☐ SAME AS LABEL

Mike Morton

TELEPHONE NUMBER

(314) 468-5551

6. MAILING ADDRESS

225 Industrial Park Drive

CITY

Sullivan

STATE

MO

ZIP CODE

63080

7. PLANT SITE ADDRESS ☒ SAME AS LABEL

CITY

STATE

ZIP CODE

8. NAME OF PARENT FIRM

OFFICE USE ONLY

SECTION C - STATUS OF WASTE GENERATED (CHECK ONE)

9. ☒ SHIPPED OFF-SITE. Complete part 2, attach completed hazardous waste manifests, sign certification and transmit to the department.

10. ☐ REPORTABLE QUANTITY NOT GENERATED. Sign certification and transmit to the department. (Do not complete Part 2)

11. ☐ REPORTABLE QUANTITY GENERATED BUT NOT SHIPPED OFF-SITE THIS QUARTER. Sign certification and transmit to the department. (Do not complete Part 2).

SECTION D - COMMENTS

12.

SECTION E - CERTIFICATION STATEMENT

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

PRINT NAME

Michael R. Morton

SIGNATURE

Michael R. Morton

DATE

11/13/92



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102
(314) 751-3176
**GENERATOR'S HAZARDOUS WASTE
REPORT SUMMARY SHEET - PART II**

**BEFORE COPYING FORM, ENTER THE GENERATOR'S NAME
AND IDENTIFICATION NUMBERS AS SHOWN ON PART I.**

GENERATOR NAME

Aerofil Technology, Inc.

EPA ID NUMBER

M.O.D.9.8.1.7.2.2.7.6.2

MISSOURI I.D. NUMBER

0.1.0.7.5.3

NOTE ▶ PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

ATTENTION: Summarize all shipments made to the Hazardous Waste Management Facility you have identified in Section G below. Additional pages are required for each off-site management facility utilized.

SECTION F - REPORT IDENTIFICATION (AS SHOWN ON PART I)

1. FOR THE PERIOD ENDING (CHECK ONE & FILL IN YEAR)

☒ 9-30- 92 (YEAR)

☐ 12-31- ____ (YEAR)

☐ 3-31- ____ (YEAR)

☐ 6-30- ____ (YEAR)

2. PAGE

2 OF 2

SECTION G - FACILITY IDENTIFICATION

3. FACILITY NAME (NAME OF OFF-SITE LOCATION WHERE WASTE WAS DELIVERED)

American Resource Recovery

5. FACILITY SITE ADDRESS

901 Bodley

CITY

Memphis

STATE

TN

ZIP CODE

38106

4. FACILITY'S EPA I.D. NUMBER

TND 991279430

6. FACILITY'S MISSOURI I.D. NUMBER

SECTION H - WASTE IDENTIFICATION

LINE	7. DESCRIPTION OF WASTE SHIPPED TO THE FACILITY LISTED ABOVE	8. DOT HAZARD CODE	9. EPA HAZARDOUS WASTE NUMBER	10. TAX CODE (SEE INST.)	11. TOTAL AMOUNT OF WASTE	12. UNIT OF MEAS.	13. SPECIFIC GRAVITY	14. FINAL HANDLING CODE
1	RO Waste ORM-A N.O.S. 1,1,1-Trichloroethane NA1643	.	F.O.O.2 . . .		15,828	P	:	T.5.0
2	White Flammable Liquid N.O.S. "RO" Hexane, Acetone, 1,1,1-Trichloroethane UN1193	.	D.O.O.1 F.O.O.2 F.O.O.3 . . .		40,344	P	:	T.5.0
3	Waste ORM-A (Solid) N.O.S. 1,1,1-Trichloroethane NA1643	.	U.2.2.6 . . .		939	P	:	T.5.0
4	Waste Water (D.O.T and E.R.4 Non hazardous and non-regulated)	.	N.H. . . .		705	P	:	T.5.0
5	Waste Adhesive Combustible UN1133 "RO"	.	D.O.O.1 . . .		—	P	:	.
6	Waste Adhesive Flammable Liquid UN1133 "RO"	.	D.O.O.1 . . .		200	P	:	.
7		.	. . . .				:	.
8		.	. . . .				:	.

SECTION I - TRANSPORTATION SERVICES UTILIZED

15. COMPANY NAME	16. MISSOURI ID NO.	17. US EPA I.D. NUMBER
a	H. . . . .	. . . . .
b	H. . . . .	. . . . .
c	H. . . . .	. . . . .

SECTION J - COMMENTS

18.

MISSOURI DEPARTMENT OF NATURAL RESOURCES

Division of Environmental Quality

Hazardous Waste Program

P.O. Box 176 Jefferson City, Missouri 65102

314-751-3176

EMERGENCY RESPONSE

24 HOUR HOTLINE
1-800-447-0002CHEMTRIX
1-800-447-0002

EPA FORM 354 (REV. 12-1993)

HAZARDOUS WASTE MANIFEST

Form Approved OMB No 2050-0039, Expires 9-30-94

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. M 0, D 9, 8, 1, 7, 2, 2, 7, 6, 2		Manifest Document No. 0, 0, 0, 3, 5		2. Page 2 of 2		Information in the shaded areas is required by State law.							
3. Generator's Name and Mailing Address Aerofil Technology, Inc. 225 Industrial Park Drive, Sullivan, Missouri						A. Missouri Manifest Document Number 0, 1, 0, 7, 5, 3, 0, 0, 3, 5									
4. Generator's Phone (314) 468-5551 Contact: Mark Forthaus						B. G.S.I. (Gen. Site Address) Same									
5. Transporter 1 Company Name American Resource Recovery						C. MO. Trans. ID H-1780 V-17852									
6. US EPA ID Number TN 0, 9, 9, 1, 2, 7, 8, 4, 8, 0						D. Transporter's Phone 901-774-2340									
7. Transporter 2 Company Name						E. MO. Trans. ID									
8. US EPA ID Number						F. Transporter's Phone									
9. Designated Facility Name and Site Address American Resource Recovery Corporation 901 East Bodley Memphis, Tennessee 38106						G. State Facility's ID RRTN15									
10. US EPA ID Number TN 0, 9, 9, 1, 2, 7, 9, 4, 8, 0						H. Facility's Phone 901-774-2340									
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers Number Type		13. Total Quantity		14. Unit Wt/Vol.		I. Waste No.			
a. Waste Adhesive Combustible Liquid UN1133 (E.P.A.-D001) "RQ" 100 Lbs						0, 0, 0 DM		0, 0, 0, 0, 0		P		EPA WASTE CODE D 0 0 1 STATE NONE			
b. Waste Adhesive Flammable Liquid UN1133 (E.P.A.-D001) "RQ" 100 Lbs						0, 0, 1 DM		0, 0, 2, 0, 0		P		EPA WASTE CODE D 0 0 1 STATE NONE			
c. Waste Cleaning Solution (D.O.T. Nonhazardous and E.P.A. Nonregulated)						0, 0, 0 DM		0, 0, 0, 0, 0		P		EPA WASTE CODE N O N E STATE N O N E			
d.												EPA WASTE CODE STATE			
J. Additional Descriptions for Materials Listed Above						K. HANDLING CODE (FACILITY USE ONLY)									
a. #06067M0 E.R.G. #26						a. INTERIM FINAL COMMENTS									
b. #06065M0 E.R.G. #26						b. S I C I T I 5 I C									
c. #06066M0						c.									
d.						d.									
15. Special Handling Instructions and Additional Information If undeliverable return to generator, Emergency Contact N.R.C. at 1-800-424-8802.															
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.															
Printed/Typed Name BARBARA V. BLACK						Signature Barbara J Black						Month Day Year 07/28/92			
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name Wayne Hill						Signature Wayne Hill		Month Day Year 07/28/92	
18. Transporter 2 Acknowledgement of Receipt of Materials						Printed/Typed Name						Signature		Month Day Year	
19. Discrepancy Indication Space F+B															
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.															
Printed/Typed Name Narine Warhurst for ARRC, Inc.						Signature Narine Warhurst						Month Day Year 08/05/92			

MISSOURI DNR FINAL COPY

THIS COPY MUST BE SENT BACK TO THE CREDITORS BY THE DESIGNATED

MISSOURI DEPARTMENT OF NATURAL RESOURCES

Division of Environmental Quality

Hazardous Waste Program

P.O. Box 176 Jefferson City, Missouri 65102

314-751-3176

EMERGENCY RESPONSE

U.S. COAST GUARD

1-800-424-8602

CHEM TRAC

1-800-424-8600

DEPT. OF NATURAL RESOURCES

HAZARDOUS WASTE MANIFEST

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No 2050-0039, Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. M 0 0 9 8 1 7 2 2 7 6 2		Manifest Document No. 0 0 0 3		2. Page 1 of 2		Information in the shaded areas is required by State law.					
3. Generator's Name and Mailing Address Aerofil Technology, Inc. 225 Industrial Park Drive Sullivan, Missouri 63080						A. Missouri Manifest Document Number 0 1 0 7 5 3 0 0 3 5							
4. Generator's Phone (314) 468-5551 Contact: Mark Forthaus						B. G.S.I. (Gen. Site Address) Same							
5. Transporter 1 Company Name American Resource Recovery				6. US EPA ID Number T N D 9 9 1 2 7 9 4 8 0		C. MO. Trans. ID H-1780 V-17852							
7. Transporter 2 Company Name				8. US EPA ID Number		D. Transporter's Phone 901-774-2340							
9. Designated Facility Name and Site Address American Resource Recovery Corporation 901 East Bodley Memphis, Tennessee 38106				10. US EPA ID Number T N D 9 9 1 2 7 9 4 8 0		E. MO. Trans. ID							
						F. Transporter's Phone							
						G. State Facility's ID RRTN15							
						H. Facility's Phone 901-774-2340							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers Number Type		13. Total Quantity		14. Unit Wt/Vol.		I. Waste No.	
a. Waste Flammable Liquid, N.O.S. (Hexane, Acetone, 1,1,1, Trichloroethane) UN1993 (E.P.A.-D001, F002, F003) "RQ" 101bs						044 DM		1430.7		P		EPA WASTE CODE D 0 0 1 STATE N O N E	
b. Waste ORM-A (solid) N.O.S. (Contains 1,1,1, Trichloroethane) NA1693 (E.P.A.-U226) "RQ" 1000 Lbs						003 DM		0.0612		P		EPA WASTE CODE U 2 2 6 STATE N O N E	
c. Waste ORM-A (1,1,1 Trichloroethane) ORM-A NA1693 (E.P.A.-F002) "RQ" 10 Lbs						010 DM		0.5598		P		EPA WASTE CODE F 0 0 2 STATE N O N E	
d. Waste Flammable Liquid, N.O.S. (Isopropanol, Mineral Spirits) UN1993 (E.P.A.-D001) "RQ" 100 Lbs						000 DM		00000		P		EPA WASTE CODE D 1 0 0 1 STATE N O N E	
J. Additional Descriptions for Materials Listed Above						HANDLING CODE (IF FACILITY USE ONLY)							
#04253MO E.R.G. #27 F002, F003						Block 11a, CONTAINS one 30 GAL DRUM S.O. T T 5 0							
#04460MO E.R.G. #58						Block 11b, CONTAINS one 30 GAL DRUM S.O. T T 0 3							
#04406MO E.R.G. #58						one 30 GAL DRUM S.O. T T 5 0							
#04637MO E.R.G. #27 D001						d.							
15. Special Handling Instructions and Additional Information If undeliverable return to generator, Emergency Contact N.R.C. at 1-800-424-8802.													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.													
Printed/Typed Name BARBARA J. BLACK						Signature Barbara J. Black						Month Day Year 07 25 92	
17. Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name Wayne Hill						Signature Wayne Hill						Month Day Year 07 28 92	
18. Transporter 2 Acknowledgement of Receipt of Materials													
Printed/Typed Name						Signature						Month Day Year	
19. Discrepancy Indication Space Fb													
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name Narine Warhurst for ARRC 2:00						Signature Narine Warhurst						Month Day Year 08 05 92	

MISSOURI DNR FINAL COPY - PART 1

THIS COPY MUST BE KEPT BY THE GENERATOR UNTIL THE DESIGNATED

MISSOURI DEPARTMENT OF NATURAL RESOURCES

Division of Environmental Quality

Hazardous Waste Program

P.O. Box 176 Jefferson City, Missouri 65102

314-751-3176

EMERGENCY RESPONSE

U.S. COAST GUARD

1-800-424-6600

CHEMTREC

1-800-424-6600

MISSOURI DEPARTMENT OF NATURAL RESOURCES
Hazardous Waste

HAZARDOUS WASTE MANIFEST

Form Approved OMB No 2050-0039, Expires 9-30-94

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

MOD981722742

Manifest
Document No.

00036

2. Page

of 1

Information in the shaded areas

is required by State law.

3. Generator's Name and Mailing Address

AEROFIL TECHNOLOGY, INC.

225 INDUSTRIAL PARK DRIVE SULLIVAN, MISSOURI 63080

4. Generator's Phone (314 468-5551 CONTACT: MARK FORTHAUS

5. Transporter 1 Company Name

AMERICAN RESOURCE RECOVERY

6. US EPA ID Number

TND991279480

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

AMERICAN RESOURCE RECOVERY CORPORATION

901 EAST BODLEY

MEMPHIS, TN 38106

10. US EPA ID Number

TND991279480

A. Missouri Manifest Document Number

010753 0036

B. G.S.I. (Gen. Site Address)

SAME V1758 TN

C. MO. Trans. ID 901-774-2340

D. Transporter's Phone H-1780

E. MO. Trans. ID

F. Transporter's Phone

G. State Facility's ID

RRTN15

H. Facility's Phone

901-774-2340

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

WASTE ORM-A N.O.S. (1,1,1-TRICHLOROETHANE) ORM-A
NA1693 (E.P.A.-F002) "RQ" 10 LBS

12. Containers

Number

Type

13. Total

Quantity

14. Unit

Wt/Vol.

I. Waste No.

EPA WASTE CODE

F002

STATE

NONE

EPA WASTE CODE

D 0 0 1

STATE

NONE

EPA WASTE CODE

U 2 2 6

STATE

NONE

EPA WASTE CODE

N O N E

STATE

NONE

J. Additional Descriptions for Materials Listed Above

a. #00406MO E.R.G. #58

b. #04253MO E.R.G. #27 F002, F003

c. #04460MO E.R.G. #58

d.

K. HANDLING CODE (FACILITY USE ONLY)

INTERIM

FINAL

COMMENTS

a. S.O.I. T.5.0

b. S.O.I. T.5.0

c. S.O.I. T.0.3

d.

15. Special Handling Instructions and Additional Information

IF UNDELIVERABLE RETURN TO GENERATOR. IN EVENT OF FIRE, SPILL OR OTHER
EMERGENCY IT MAY BE NECESSARY TO CONTACT N.R.C. AT 1-800-424-8802.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.

Printed/Typed Name

MARK R. FORTHAUS

Signature

Mark R. Forthaus

Month Day Year

08/13/92

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

JOE F BRANNON Sr

Signature

Joe F Brannon Sr

Date

Month Day Year

08/13/92

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Date

Month Day Year

19. Discrepancy Indication Space

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Nancy L. Chubb

Signature

Nancy L. Chubb

Date

Month Day Year

08/13/92

MISSOURI DEPT FINAL COPY PART 1

THIS COPY MUST BE SENT TO THE GENERATOR BY THE DESIGNATED

B

MISSOURI DEPARTMENT OF NATURAL RESOURCES

Division of Environmental Quality

Hazardous Waste Program

P.O. Box 176 Jefferson City, Missouri 65102

314-751-3176

EMERGENCY RESPONSE

U.S. COAST GUARD

Hazardous Waste

CHEMICAL

DEPT. OF NATURAL RESOURCES

HAZARDOUS WASTE MANIFEST

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No 2050-0039, Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. M 0 0 D 9 8 1 1 7 2 2 7 6 2 0 0 0 3 1 8	Manifest Document No. 0 0 0 3 1 8	2. Page 1 of 1	Information in the shaded areas is required by State law.	
3. Generator's Name and Mailing Address Aerofil Technology, Inc. 255 Industrial Park Drive Sullivan, Missouri 63080				A. Missouri Manifest Document Number 0 1 0 7 5 3 0 0 3 1 8		
4. Generator's Phone (314) 468-5551 contact: Mark Forthaus				B. G.S.I. (Gen. Site Address) Same		
5. Transporter 1 Company Name American Resource Recovery		6. US EPA ID Number T N D 9 9 1 2 7 9 4 8 0		C. MO. Trans. ID H-1780 V-17856/T		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 901-774-2340		
9. Designated Facility Name and Site Address American Resource Recovery Corporation 901 East Bodley Memphis, Tennessee 38106				E. MO. Trans. ID		
10. US EPA ID Number T N D 9 9 1 2 7 9 4 8 0				F. Transporter's Phone		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				G. State Facility's ID RRTN15		
				H. Facility's Phone 901-774-2340		
12. Containers				13. Total Quantity		
Number Type				Unit Wt/Vol.		
a. Waste Flammable Liquid, N.O.S. (Hexane, Acetone, 1,1,1, Trichloroethane) UN1993 (E.P.A.-D001, F002, F003) "RQ" 10 LBS				022 SS 07232		
b. WASTE ORN-A N.O.S. (1,1,1-trichloroethane) ORN-A NA1693 (E.P.A.-F002) "RQ" 10 LBS				021 DM 06982		
c.				007 SS 03046 P		
d.						
J. Additional Descriptions for Materials Listed Above				K. HANDLING CODE (FACILITY USE ONLY)		
a. #04253MO E.R.G. #27				a. S I O I T 5 I O		
b. #0040XMO				b. S I O I T 5 I O		
c.				c.		
d.				d.		
15. Special Handling Instructions and Additional Information If undeliverable return to generator. Emergency Contact N.R.C. at 1-800-424-8802.						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.						
Printed/Typed Name BARBARA J. BLACK				Signature Barbara J Black		Month Day Year 08 26 92
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature Tom King		Month Day Year 09 26 92
Printed/Typed Name Tom King				Signature		Month Day Year
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature		Month Day Year
Printed/Typed Name				Signature		Month Day Year
19. Discrepancy Indication Space						
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name Nerine Warhurst for A.R.E.C. 2:00				Signature Nerine Warhurst		Month Day Year 08 28 92

MISSOURI DEPARTMENT OF NATURAL RESOURCES

Division of Environmental Quality

Hazardous Waste Program

P.O. Box 176 Jefferson City, Missouri 65102

314-751-3176

EMERGENCY RESPONSE

U.S. COAST GUARD

1-800-424-6502

1-800-424-6502

1-800-424-6502

DEPT. OF NATURAL RESOURCES

HAZARDOUS WASTE MANIFEST

Form Approved OMB No 2050-0039, Expires 9-30-94

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. M, 0, D, 9, 8, 1, 7, 2, 2, 7, 6, 2, 10, 0, 0, 3, 8	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is required by State law.	
3. Generator's Name and Mailing Address Aerofil Technology, Inc. 225 Industrial Park Drive Sullivan, Missouri 63080			A. Missouri Manifest Document Number 0, 1, 0, 7, 5, 3, 0, 0, 3, 8		B. G.S.I. (Gen. Site Address) Same	
4. Generator's Phone (314) 468-5551 contact: Mark Forthaus			C. MO. Trans. ID H-1780/17856 IN		D. Transporter's Phone 901-774-2340	
5. Transporter 1 Company Name American Resource Recovery			6. US EPA ID Number T, N, D, 9, 9, 1, 2, 7, 9, 4, 8, 0		E. MO. Trans. ID	
7. Transporter 2 Company Name			8. US EPA ID Number		F. Transporter's Phone	
9. Designated Facility Name and Site Address American Resource Recovery Corporation 901 East Bodley Memphis, Tennessee 38106			10. US EPA ID Number T, N, D, 9, 9, 1, 2, 7, 9, 4, 8, 0		G. State Facility's ID RRTN15	
H. Facility's Phone 901-774-2340						
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers		13. Total Quantity	
			Number Type		Unit Wt/Vol.	
a. Waste ORM-A N.O.S. (1,1,1,-Trichloroethane) ORM-A NA1693 (E.P.A.-F002). "RQ" 10 Lbs.			0, 0, 3 DM 0, 1, 4, 1, 0		P	
b. Waste Flammable Liquid, N.O.S. (Hexane, Acetone, Tri-Chloroethane) Un1993 (E.P.A.-D001, F002, F003) "RQ" 10 Lbs.			0, 1, 7 DM 0, 5, 7, 3, 2		P	
c.						
d.						
J. Additional Descriptions for Materials Listed Above			K. HANDLING CODE (FACILITY USE ONLY)		I. Waste No.	
			INTERIM FINAL		EPA WASTE CODE	
a. #00406M0 E.R.G. #58			a. S, I, O, I, T, I, S, I, O		F, 0, 1, 0, 1, 2	
b. #04253M0 E.R.G. #27 F002, F003			b. S, I, O, I, T, I, S, I, O		D, 0, 0, 0, 1	
c.			c.		EPA WASTE CODE	
d.			d.		STATE	
15. Special Handling Instructions and Additional Information If undeliverable return to generator. Emergency Contact N.R.C. at 1-800-424-8802.						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.						
Printed/Typed Name BARBARA J. BLACK			Signature Barbara J. Black		Month Day Year 09/11/92	
17. Transporter 1 Acknowledgement of Receipt of Materials			Signature Fred Eads		Month Day Year 09/11/92	
Printed/Typed Name FRED EADS			Signature		Month Day Year	
18. Transporter 2 Acknowledgement of Receipt of Materials			Signature		Month Day Year	
Printed/Typed Name			Signature		Month Day Year	
19. Discrepancy Indication Space F						
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name Nancy Whitburn for ARRC			Signature Nancy Whitburn		Month Day Year 09/11/92	

MISSOURI DNR FINAL COPY - PART 1

To be submitted with the manifest

MISSOURI DEPARTMENT OF NATURAL RESOURCES

Division of Environmental Quality

Hazardous Waste Program

P.O. Box 176 Jefferson City, Missouri 65102

314-751-3176

HAZARDOUS WASTE MANIFEST

EMERGENCY RESPONSE

COAST GUARD

1-800-424-2602

CHEM TREC

1-800-424-2600

EPA OF NATURAL RESOURCES
HAZARDOUS WASTEINSTRUCTIONS FOR THE USER:
PLEASE PRINT. THIS FORM IS TO BE
SEPARATE SHEET.THIS DOCUMENT MUST BE USED
FOR ALL MISSOURI-DESTINED
HAZARDOUS WASTE.

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No 2050-0039, Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. M 0 D 9 8 1 7 2 2 7 6 2	Manifest Document No. 0 0 0 0 3 9	2. Page 1 of 1	Information in the shaded areas is required by State law.	
3. Generator's Name and Mailing Address Aerofil Technology, Inc. 255 Industrial Park Drive Sullivan, Missouri 63080			A. Missouri Manifest Document Number 0 1 0 7 5 3 0 0 3 9			
4. Generator's Phone (314, 468-5551 contact: Mark Forthaus			B. G.S.I. (Gen. Site Address) Same			
5. Transporter 1 Company Name American Resource Recovery			C. MO. Trans. ID H-1780			
6. US EPA ID Number T N D 9 9 1 2 7 9 4 8 0			D. Transporter's Phone 901-774-2340			
7. Transporter 2 Company Name			E. MO. Trans. ID			
8. US EPA ID Number			F. Transporter's Phone			
9. Designated Facility Name and Site Address American Resource Recovery Corporation 901 East Bodley Memphis, Tennessee 38106			G. State Facility's ID RRTN15			
10. US EPA ID Number T N D 9 9 1 2 7 9 4 8 0			H. Facility's Phone 901-774-2340			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers Number Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.	
a. Waste Water (D.O.T. Non-Hazardous and E.P.A. Non-Regulated)		000 000 DM 00705	00000	MP	EPA WASTE CODE N O N E STATE N O N E	
b. Waste Flammable Liquid, N.O.S. (Hexane, Acetone, 1,1,1 Trichloroethane) UN1993 (E.P.A.-D001,F002,F003)"RQ" 10 Lbs		015 03177 DM 0704	03177	MP	EPA WASTE CODE F 0 0 2 STATE N O N E	
c. Waste ORM-A, N.O.S. (contains 1,1,1 Trichloroethane) NA 1693 (EPA-F002) "RQ" 10 lbs.		000 00000 DM 2070	00000	MP	EPA WASTE CODE F 0 0 2 STATE N O N E	
d.					EPA WASTE CODE STATE	
J. Additional Descriptions for Materials Listed Above		K. HANDLING CODE (IF FACILITY USE ONLY) INTERIM FINAL COMMENTS				
a. #05140MO		a. S I I I I				
b. #04253MO E.R.G. #27 F002,F003		b. S I O I I T I S I O				
c.		c. S I O I I T I S I O				
d.		d.				
15. Special Handling Instructions and Additional Information If undeliverable return to generator. Emergency Contact N.R.C. at 1-800-424-8802. 11a. 3-30 gal. 11c. 5-30 gal. 2 55 gal BPB 11b. 12-30 gal/103-55 gal						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.						
Printed/Typed Name BARBARA J. BLACK		Signature Barbara J Black		Month Day Year 07/23/92		
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature Fred Eads		Date 07/23/92		
Printed/Typed Name FRED EADS		Signature Fred Eads		Month Day Year 07/23/92		
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Date		
Printed/Typed Name		Signature		Month Day Year		
19. Discrepancy Indication Space F						
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name NORMA HARBURST		Signature Norma Harburst		Month Day Year 09/09/92		

MISSOURI DEPARTMENT OF NATURAL RESOURCES

Division of Environmental Quality

Hazardous Waste Program

P.O. Box 176 Jefferson City, Missouri 65102

314-751-3176

EMERGENCY RESPONSE

U.S. COAST GUARD

1-800-424-6502

CHEM TREC

1-800-424-6503

DEPT. OF NATURAL RESOURCES

1-800-424-6504

HAZARDOUS WASTE MANIFEST

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No 2050-0039, Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. M 0 D 9 8 1 7 2 2 7 6 2 0 0 0 4 0		Manifest Document No. 000040		2. Page 1 of 1		Information in the shaded areas is required by State law.					
3. Generator's Name and Mailing Address Aerofil Technology, Inc. 255 Industrial Park Drive Sullivan, Missouri 63080						A. Missouri Manifest Document Number 0 1 0 7 5 3 0 0 0 4 0							
4. Generator's Phone (314,468-5551 contact: Mark Forthaus						B. G.S.I. (Gen. Site Address) Same							
5. Transporter 1 Company Name American Resource Recovery						C. MO. Trans. ID H-1780 V-17867							
6. US EPA ID Number T N D 9 9 1 2 7 9 4 8 0						D. Transporter's Phone 901-774-2340							
7. Transporter 2 Company Name						E. MO. Trans. ID							
8. US EPA ID Number						F. Transporter's Phone							
9. Designated Facility Name and Site Address American Resource Recovery Corporation 901 East Bodley Memphis, Tennessee 38106						G. State Facility's ID RRTN15							
10. US EPA ID Number T N D 9 9 1 2 7 9 4 8 0						H. Facility's Phone 901-774-2340							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol.		15. Waste No.	
a. Waste Flammable Liquid, N.O.S. (Hexane, Acetone, 1,1,1, Trichloroethane) UN1993 (E.P.A.-D001,F002,F003) "RQ" 10 lbs.						021 AB		06545				EPA WASTE CODE D 0 0 1	
b. Waste ORM-A, N.O.S. (1,1,1, Trichloroethane) NA1693 (E.P.A.-F002) "RQ" 10 Lbs.						023 DM		06545				STATE 0 N E	
c. Waste Water (D.O.T. Non-Hazardous and E.P.A. Non-Regulated)						010 DM		03272		P		EPA WASTE CODE F 0 0 2	
d. WASTE ORM-A (SOLID N.O.S. (44% TRICHLOROETHANE) NA1693 (E.P.A. 4226) "RQ" 1000 LBS						003 DM		00705		P		STATE N O N E	
J. Additional Descriptions for Materials Listed Above						HANDLING CODE (FACILITY USE ONLY)						COMMENTS	
#04253MO E.R.G.#27 F002,F003 15-55gal. 8-30gal. 4-30gal.						S 0 1		T 5 0					
#00406MO E.R.G.#58 5-55gal 5-30gal						S 0 1		T 5 0					
#05140MO 3-30gal.						S 0 1		T 5 0					
d. 04460MO 1-55gal.						S 0 1		T 0 3					
15. Special Handling Instructions and Additional Information													
If undeliverable return to generator. Emergency Contact N.R.C. at 1-800-424-8802.													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.													
Printed/Typed Name BARBARA J. BLACK						Signature Barbara J. Black						Month Day Year 09/30/92	
17. Transporter 1 Acknowledgement of Receipt of Materials						Date							
Printed/Typed Name Wayne Hill						Signature Wayne Hill						Month Day Year 09/30/92	
18. Transporter 2 Acknowledgement of Receipt of Materials						Date							
Printed/Typed Name						Signature						Month Day Year	
19. Discrepancy Indication Space													
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name Norine Warhurst for MKK 2:00						Signature Norine Warhurst						Month Day Year 11/01/92	

MISSOURI DNR FINAL COPY - PART 1

MISSOURI DNR FINAL COPY - PART 2